

Health,
Welfare
Public
Service

300
1-56

ALL diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Frank Paul Laurezana

FILED SEP 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26884

STATE FILE NUMBER
3502

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR CROSS NURSING HOME INSTITUTION 2900 EAST LOVELL ST.			Length of stay in lb 41 YEARS	d. STREET ADDRESS (If outside, give location) 311 E. 6th TRAFFICWAY		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First IRENE Middle — Last FANSLER				4. DATE OF DEATH Month AUGUST Day 16 Year 1956			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH MAY 7, 1895	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months — Days —	IF UNDER 24 HRS. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and state or country) SPRINGFIELD, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME PATRICK MURPHY				14. MOTHER'S MAIDEN NAME EMMA CROSBY			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address RALPH FANSLER, 1620 SPRUCE, K.C. MO.			
18. CAUSE OF DEATH [Enter only one cause per line from (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA of Uterus Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) with Generalized Metastases DUE TO (c) Bye PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						INTERVAL BETWEEN ONSET AND DEATH 2 years 174X	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour — Month — Day — Year — a. m. — p. m. —			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 4-1-56 to 8-16-56 and last saw her/him alive on 8-16-56 Death occurred at 9:45 AM on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Frank Paul Laurezana M.D. (Degree or title)				22b. ADDRESS 478 S. White Ave		22c. DATE SIGNED 8-16-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE AUG. 16, 1956	23c. NAME OF CEMETERY OR CREMATORY FIRST LAWN CEMETERY		23d. LOCATION (City, town, or county) (State) SPRINGFIELD MISSOURI		
24. FUNERAL DIRECTOR ADDRESS J. H. Newcomer's Sons, Kansas City, Mo.			25. DATE RECD. BY LOCAL REG. 8-16-56		26. REGISTRAR'S SIGNATURE Reva Marshall		

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Richard L. [Signature]

Licensed Embalmer No. *49*

P. O. Address *[Signature]*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.