FILED FEB 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 1279

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 218

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1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION 309 Garfield — (If not in hospital or institution, give length of stay in it) 2 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes X No ☐
d. STREET ADDRESS 309 Garfield (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Minnie Middle J. Last Gattung
4. DATE OF DEATH: Month Jan. Day 15 Year 1957
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: Nov. 4 1876
9. AGE (In years last birthday): 80 — 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): St. Charles, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: George Gung
14. MOTHER'S MAIDEN NAME: Minnie Kratz
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 886-32-374
17. INFORMANT: Francis Gattung — Address: 3233 Peery K.C.Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerosis — 3 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerosis — 3 yrs
DUE TO (c) — 45 00

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour a. m., p. m. Month, Day, Year
20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 6-1-56, to 1-15-57 and last saw her/him alive on 1-15-57
Death occurred at 4:00 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Frank Paul Laurenzana (Degree or title) MD
22b. ADDRESS: 128 S. White ave
22c. DATE SIGNED: 1-15-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Jan 18 1957
23c. NAME OF CEMETERY OR CREMATORY: Evangelical
23d. LOCATION (City, town, or county) (State): Higginsville, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Mrs C.L.Forster Funeral Home Kas. C.Mo.
25. DATE RECD. BY LOCAL REG.: 1-16-57
26. REGISTRAR'S SIGNATURE: Reva Minshall

(License Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Frank Paul Laurenzana

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John W. Henick Jr.

Licensed Embalmer No. 48

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.