

Health, Welfare, Public Service

300
-57

All diseases in Part I must be causally related.

Frank Paul Laurencey, M.D. MEDICAL CERTIFICATION

FILED AUG 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24380
STATE FILE NUMBER
3396

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 death) 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
c. FULL NAME OF (If NOT in hospital, give location) Nora Rae Rest Home		Length of stay in lb 29 Yrs	d. STREET ADDRESS (If outside, give location) 314 Ord Avenue
3. NAME OF DECEASED (Type or print) JULIA ANN ADAMS		4. DATE OF DEATH Month July Day 18 Year 1957	
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 2-22-1860
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years) 97
11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Alexander Logan		13b. MOTHER'S MAIDEN NAME Malinda Bryan	14. NAME OF HUSBAND OR WIFE Frank Adams
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 Benoni Adams		Address Kansas City, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 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)			4500
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 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 1-1-57 to 7-18-57 and last saw her alive on 7-18-57 Death occurred at 430 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Frank Paul Laurencey, M.D.		22b. ADDRESS 428 S. White Ave	
22c. DATE SIGNED 7-18-57		22d. NAME OF CEMETERY OR CREMATORY Mt. Moriah	
23a. LOCATION (City, town, or county) Kansas City, Mo.		23b. NAME OF CEMETERY OR CREMATORY Mt. Moriah	
23c. DATE 7-22-57		23d. LOCATION (City, town, or county) Kansas City, Mo.	
24. FUNERAL DIRECTOR Freeman Mortuary		ADDRESS K. C. Mo.	
25. DATE RECD. BY LOCAL REG. 7-20-57		26. REGISTRAR'S SIGNATURE Neva Minshall	

