

FILED AUG 1 - 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24479

State File No. \_\_\_\_\_  
Registrar's No. 3057

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3057		
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, write RURAL and give township) KANSAS CITY		c. LENGTH OF STAY (In this place) 4 yrs.		c. CITY OR TOWN KANSAS CITY		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION LEWISTON CONV. HOME 623 EUCLID				e. STREET ADDRESS (If rural, give location) 623 EUCLID.				
3. NAME OF DECEASED (Type or Print) a. (First) HIRAM b. (Middle) MILTON c. (Last) COX			4. DATE OF DEATH (Month) (Day) (Year) JUNE 30, 1957					
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER		8. DATE OF BIRTH Nov. 27, 1871		
9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		11. BIRTHPLACE (City and State or Foreign Country) Pine Hill, Kentucky		12. CITIZEN OF WHAT COUNTRY? USA.		
13a. FATHER'S NAME AHEIJAH COX			13b. MOTHER'S M maiden name Rebecca Jones		14. NAME OF HUSBAND OR WIFE UNKNOWN.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No.		16. SOCIAL SECURITY NO. ?		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Grene Denholm Tonganoxie, Mo				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 4 years 4 years 4500	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 5-1-57 to 6-30-57, that I last saw the deceased alive on 6-30-57, and that death occurred at 11:55 p.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Frank Paul Laureyana MD				23b. ADDRESS 428 S. White Ave		23c. DATE SIGNED 6-30-57		
24a. DATE JULY 3, 1957		24b. NAME OF CEMETERY OR CREMATORY POWHATTAN Cem.		24c. LOCATION (City, town, or county) POWHATTAN, KANSAS		24d. (State)		
DATE REC'D BY LOCAL REG. 7-2-57		REGISTRAR'S SIGNATURE new minshall		25. FUNERAL DIRECTOR'S SIGNATURE H Hervey Quisenberry		ADDRESS Tonganoxie		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Frank Paul Laureyana

**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.....  
*C Hervey Guisen*

Licensed Embalmer No. *407*

P. O. Address *Tongan*

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