THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24834

FILED AUG 15 1957

STATE FILE NUMBER 3598

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

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Missouri — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Pleasent View Rest Home — Length of stay in lb 5yrs

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 ☒ No ☐
d. STREET ADDRESS (If outside, give location) 4428 E 50th terr. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Neva Middle Last Smith

4. DATE OF DEATH Month 7 Day 30 Year 57

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH Feb 25, 1895
9. AGE (In years last birthday) 62 — 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) Telephone Operator
10b. KIND OF BUSINESS OR INDUSTRY Telephone Co.
11. BIRTHPLACE (City and state or country) Dekalb County Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jake Brown
14. MOTHER'S MAIDEN NAME Emma Blackledge

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unk
17. INFORMANT Mrs. Roy Sloan Address Cameron Missouri.

MEDICAL CERTIFICATION

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 3yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis — 7yrs
DUE TO (c) — 45°°
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 ☐ 0

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 1-1-57, to 7.30.57 and last saw her/him alive on 7.30.57
Death occurred at 5:10 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Frank Paul Laurenzana M.D.
22b. ADDRESS 428 S. White ave
22c. DATE SIGNED 7-30-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Aug 1 1957
23c. NAME OF CEMETERY OR CREMATORY Packard Cemetery
23d. LOCATION (City, town, or county) (State) Cameron Mo.

24. FUNERAL DIRECTOR ADDRESS Poland Funeral Home Cameron Mo.
25. DATE RECD. BY LOCAL REG. 7-31-57
26. REGISTRAR'S SIGNATURE Neva Minehall

(Licensed Embalmer's Statement on Reverse Side)

Frank Paul Laurenzana, M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

KP 2

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 Robert F. Poland

Licensed Embalmer No. 47

P. O. Address Cameron

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.