

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **27598**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **3232**

1. PLACE OF DEATH:  
(a) County **Jackson**  
(b) City or town **Kansas City**  
(c) Name of hospital or institution: **Research Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 hour**  
In this community **18 years**

3. (a) PRINT FULL NAME **Lewis Pavelek**  
3. (b) If veteran, name war **no**  
3. (c) Social Security No. **487-03-3995**

4. Sex **Male**  
5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Olga Pavelek**  
6. (c) Age of husband or wife if alive **48** years  
7. Birth date of deceased **January 25, 1890**

8. AGE: Years **50** Months **6** Days **19**  
If less than one day hr. min.

9. Birthplace **Czecho-Slovakia**  
(City, town, or county) **Machinist** (State or foreign country)

10. Usual occupation **Sinclair Oil Co.**

11. Industry or business

MOTHER FATHER  
12. Name **Michael Pavelek**  
13. Birthplace **Czecho-Slovakia**  
14. Maiden name **Catherine Sarovena**  
15. Birthplace **Czecho-Slovakia**

16. (a) Informant's own signature **Olga Pavelek**  
(b) Address **5323 East 50, K. C. Mo.**

17. (a) **Removal** (b) Date thereof **8-15-1940**  
(c) Place: burial or cremation **Hollivar, Missouri**

18. (a) Signature of funeral director **J. J. ...**  
(b) Address **3256 Broadway, K. C. Mo.**

19. (a) **Aug. 15, 1940** (b) **M. M. Craue**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **0 Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(d) Street No. **5323 East 50 th St.**  
(e) If foreign born, how long in U. S. A. **18** years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **August** day **14**  
1940 year hour **1** minute **15 P.** M.

21. I hereby certify that I attended the deceased from **1940** to **1940** ;  
that I last saw him on **August 14, 1940** ;  
and that death occurred on the date and hour stated above.  
Immediate cause of death **Acute myocardial infarction**  
**Acute coronary occlusion**

Other conditions **gilt**  
Major findings:  
Of operations **gilt**  
Of autopsy **gilt**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **gilt**  
(b) Date of occurrence  
(c) Where did injury occur?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature **M. M. Craue** (M. D. or other)  
Address **K. C. Mo.** Date signed

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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.....

.....Registered Apprentice No. ....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2347

P. O. Address.....

**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 this body is not embalmed, above space should be left blank.**