

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5057  
656

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>2 weeks</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		d. STREET ADDRESS (If rural, give location) <b>523 Grand Ave. K.C. Mo.</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>523 Grand</b>			d. STREET ADDRESS (If rural, give location) <b>523 Grand Ave. K.C. Mo.</b>		
3. NAME OF DECEASED (Type or Print) <b>Daniel</b>			a. (First)	b. (Middle)	c. (Last) <b>Novich</b>
4. DATE OF DEATH	(Month) <b>1</b>	(Day) <b>26</b>	(Year) <b>1949</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <b>unknown</b>	8. DATE OF BIRTH <b>3-17-1885</b>	9. AGE (In years last birthday) <b>63</b>	IF UNDER 1 YEAR Months
IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Part Time R. R. Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>1</b>	11. BIRTHPLACE (State or foreign country) <b>unknown</b>		12. CITIZEN OF WHAT COUNTRY? <b>unknown</b>
13a. FATHER'S NAME <b>unknown</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>unknown</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>379-10-4765</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Chicago, Milwaukee St. Paul R. R. Co.</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Coronary Occlusion</b>			MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)			DUE TO (b)		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>420</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Myocardial Infarction</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Natural</b>	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <b>Hugh H. Owens</b> (Degree or title)			23b. ADDRESS <b>1024 Oak St Bldg</b>		23c. DATE SIGNED <b>2-11-49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>2-12-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>K.C. College of Naturopathy</b>		24d. LOCATION (City, town, or county) (State) <b>K.C. Mo.</b>	
DATE REC'D BY LOCAL REG. <b>2-12-49</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Peter B. Lapetina, 538 Campbell, K.C. Mo.</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

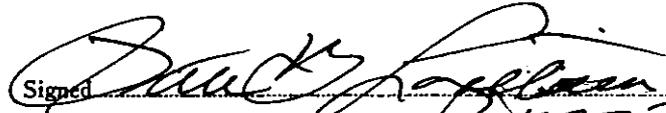
**STATEMENT BY LICENSED EMBALMER**

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 .....  
Student Embalmer

Signed  \_\_\_\_\_

Licensed Embalmer No. 4773

P. O. Address KCMO

**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, fact should be so stated above.