

FILED JUL 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20634

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 622 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY Ray		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) OR TOWN Henrietta, Missouri		c. LENGTH OF STAY (in this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway 13		d. STREET ADDRESS (If rural, give location) 8501 Independence Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) Nick		b. (Middle) S.	
c. (Last) Pavlica		4. DATE OF DEATH (Month) (Day) (Year) July 1 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 18, 1914
9. AGE (In years last birthday) 33-11-13		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Zuzich Truck Lines	
11. BIRTHPLACE (State or foreign country) Omaha, Nebraska		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Sam Pavlica		13b. MOTHER'S MAIDEN NAME Sarah Krainovich	
14. NAME OF HUSBAND OR WIFE Mrs. Mildred Pavlica		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War No. 2	
16. SOCIAL SECURITY NO. 496-01-5703		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mildred Pavlica	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION K.C. Mo DIRECTLY LEADING TO DEATH* (a) Fracture of skull. ANTECEDENT CAUSES DUE TO (b) Truck & car collision DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) X	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Henrietta Ray Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 1-1949 7:36 PM		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 21f. HOW DID INJURY OCCUR? Collision of truck & car	
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 8:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE John T. Baker coroner		23b. ADDRESS Richmond Mo	
23c. DATE SIGNED July 4/49		24. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE July 6, 1949		24c. NAME OF CEMETERY OR CREMATORY Highland Park Cemetery	
24d. LOCATION (City, town, or county) (State) Kansas City 2, Kansas		25. FUNERAL DIRECTOR'S SIGNATURE Jos. A. Butler's Sons	
DATE REC'D BY LOCAL REG. July 4-1949		REGISTRAR'S SIGNATURE Mabel Jackson	
25. FUNERAL DIRECTOR'S SIGNATURE Jos. A. Butler's Sons		ADDRESS 22 So. 18th. K.C.K.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUL 12
District Health Officer No. 8,

District File Number _____

Date Filed 7-13-40

MAR 17 1950

JUL 23 1949

JUL 14 1949

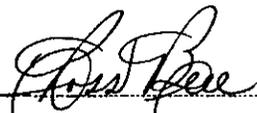
STATEMENT BY LICENSED EMBALMER

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.

Signed _____



Signed _____
Student Embalmer

Licensed Embalmer No. 3426 Missouri

P. O. Address Kansas City 2, Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.