

FILED OCT 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30377
4065
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (In this place) 38 yrs		d. STREET ADDRESS (If rural, give location) 1832 Ewing	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1832 Ewing		e. STREET ADDRESS (If rural, give location) 1832 Ewing	

3. NAME OF DECEASED a. (First) JADWIGA b. (Middle) ROSELIA c. (Last) DUDZIC			4. DATE OF DEATH (Month) (Day) (Year) 9 24 50		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 10/18/88	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (State or foreign country) 4 POLAND	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME MARTIN LESNIAK	13b. MOTHER'S MAIDEN NAME ROSE STACHOY	14. NAME OF HUSBAND OR WIFE JACOB
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 495-24-3695	17. INFORMANT'S SIGNATURE OR NAME Walter Dudzic ADDRESS K.C. Mo

18. CAUSE OF DEATH Enter 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 4:00
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural	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)	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 Hugh H. Owens (Degree or title) Coroner	23b. ADDRESS 1034 Readio Blvd	23c. DATE SIGNED 9-25-50
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9/27/50	24c. NAME OF CEMETERY OR CREMATORY ST MARYS
24d. LOCATION (City, town, or county) (State) KANSAS CITY Mo		
DATE REC'D BY LOCAL REG. 9-26-50	REGISTRAR'S SIGNATURE Alexandine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE SHEIL FUNERALS ADDRESS HOME K C MO

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

J. P. Sheil
.....
Licensed Embalmer No. 3625

Signed.....
Student Embalmer

P. O. Address H.C. 210

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.