

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. 65229-50 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3927

1. PLACE OF DEATH
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
 c. LENGTH OF STAY (in this place) 3 hrs
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Kansas b. COUNTY Johnson
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland Park
 d. STREET ADDRESS (If rural, give location) 8633 Riley

3. NAME OF DECEASED
 a. (First) MAUREEN b. (Middle) GORZIK c. (Last) GORZIK

4. DATE OF DEATH (Month) (Day) (Year)
9-12-1950

5. SEX fe 6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) - (1)

8. DATE OF BIRTH Sept 12 1950

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min. 3

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -

10b. KIND OF BUSINESS OR INDUSTRY -

11. BIRTHPLACE (State or foreign country) Kansas City Mo

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Michael Gorzik

13b. MOTHER'S MAIDEN NAME Dorothy Jean Waddell

14. NAME OF HUSBAND OR WIFE -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -

16. SOCIAL SECURITY NO. -

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Michael Gorzik 3512 S Chrysler

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) This child was not aw until Dec. 20 died 7 Prematurely
 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. -

INTERVAL BETWEEN ONSET AND DEATH
7 1/2 hr

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-12, 1950, to 9-12, 1950, that I last saw the deceased alive on 9-12, 1950, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE A.B. Sinclair Jr MD (Degree or title)

23b. ADDRESS 4711 Central St (1)

23c. DATE SIGNED 9-14-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9-14-1950

24c. NAME OF CEMETERY OR CREMATORY Green Lawn

24d. LOCATION (City, town, or county) (State) Kansas City, Mo

DATE REC'D BY LOCAL REG 9-15-50

REGISTRAR'S SIGNATURE Sheraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS S.H. Blackman & Son, Inc Kansas City Mo

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

Dr. Sinclair
4711 Central

STATEMENT BY LICENSED EMBALMER

Max

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.....
Student Embalmer

Signed

Bert B. Bennett

Licensed Embalmer No. *4656*

P. O. Address *Kansas City, Mo*

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.