S. No. 300
v. 10.48

FILED OCT 28 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33405

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4349

1

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 12 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 536 1/2 WALNUT

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
d. STREET ADDRESS (If rural, give location): 536 1/2 WALNUT

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) F c. (Last) ANTONICH

4. DATE OF DEATH (Month) 10 (Day) 13 (Year) 50

5. SEX: MO
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M 1
8. DATE OF BIRTH: 1896
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: Townley Metal and Hardware Co.
11. BIRTHPLACE (State or foreign country): YUGOSLAVIA
12. CITIZEN OF WHAT COUNTRY?: YUGOSLAVIA

13a. FATHER'S NAME: MATT ANTONICH
13b. MOTHER'S MAIDEN NAME: ANNA SPALL
14. NAME OF HUSBAND OR WIFE: FRANCIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNK 498-05-7694
17. INFORMANT'S SIGNATURE OR NAME: NICK ANTONICH — ADDRESS: BETHEL KANS

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause of Death Unknown — INTERVAL BETWEEN ONSET AND DEATH

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.

795.5

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: No Last Permit
20. AUTOPSY? YES ☐ NO ☒

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) 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 _____, 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): Hugh H. Owens Coroner
23b. ADDRESS: 1034 Crafton Bldg
23c. DATE SIGNED: 10-14-50

24a. BURIAL, CREMATION, REMOVAL (Specify): REM
24b. DATE: 10/17/50
24c. NAME OF CEMETERY OR CREMATORY: MT CALVARY
24d. LOCATION (City, town, or county) (State): KC KANS

DATE REC'D BY LOCAL REG.: 10-14-50
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: SEBBETO'S — ADDRESS: CITY

(Licensed Embalmer's Statement on Reverse Side)

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

Items 10 b + 16 corrected by aff. of Informant 12-5-61

1034
[illegible]

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 Roy E Snow

Licensed Embalmer No. 2560

P. O. Address K6 Mo

Signed.....
Student Embalmer

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.

The Division of Health of Missouri
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Jackson }

State File No. 33405-50

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 4349

On this 19th day of October, 195 61 before me appears Nick Antonich, who, upon his oath, states that the original record of ~~birth~~ death for John F. Antonich ~~born~~ died 10-13, 19 50, in the State of Missouri, and which was filed at Jefferson City, Missouri ~~Kansas~~ on 10-14-50 19, should be corrected as follows:

Item No. 10b should read Townley Metal and Hardware Co.

Instead of ——

Item No. 16 should read 498-05-7694

Instead of unk.

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant X Nick Antonich Informant
Relationship.
6720 Webster Bethel Kans
Present Address.

Subscribed and sworn to before me this 19th day of Oct, 195 1

My Commission expires August 28, 1964 Bessie W. Smith Notary Public.

2. An item already amended once by affidavit cannot be amended again by affidavit.

3. A surname is changed by court order or by adoption or legitimation procedures.

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