

FILED DEC 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37190
4884

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

1. PLACE OF DEATH a. COUNTY JACKSON		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 KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 3948	
c. LENGTH OF STAY (In this place) 8 YRS.		d. STREET ADDRESS (If rural, give location) 825 WEST 58TH TERRACE	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) GORDAN	c. (Last) PARZYBOK	4. DATE OF DEATH (Month) (Day) (Year) NOV. 19 1950
-------------------------------------	--------------------	--------------------	--------------------	--

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB 5, 1912	9. AGE (In years last birthday) 38	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) ASST SALES MGR.	10b. KIND OF BUSINESS OR INDUSTRY LOCKE STOVE CO	11. BIRTHPLACE (State or foreign country) VINTON, IOWA	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	--	--	-------------------------------------

13a. FATHER'S NAME SAMUEL F. PARZYBOK	13b. MOTHER'S MAIDEN NAME ANNA ISGREN	14. NAME OF HUSBAND OR WIFE VIRGINIA PARZYBOK
---------------------------------------	---------------------------------------	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) W.W.II 492-07-2402	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VIRGINIA PARZYBOK 825-W-58TH KC. Mo
---	---	---

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Corononotosis		INTERVAL BETWEEN ONSET AND DEATH 3 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Adeno Carcinoma Colon		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			155

19a. DATE OF OPERATION 10/5/50	19b. MAJOR FINDINGS OF OPERATION Adeno Carcinoma Colon - Liver extension	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <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 9/6, 1950 to 9/19, 1950, that I last saw the deceased alive on 9/18, 1950, and that death occurred at 7 A. m., from the causes and on the date stated above.

23a. SIGNATURE Robert C. McClane (Degree or title) M.D.	23b. ADDRESS 520 Professional Bldg	23c. DATE SIGNED 11/20/50
---	------------------------------------	---------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE NOV-21-1950	24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY Mo
--	-----------------------	---	--

DATE REC'D BY LOCAL REG. 11-20-50	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. Dukeman, Diner 1331 Birch ch
-----------------------------------	--	--

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

JAN 4 1951

APR 25 1951

JAN 21 1951

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.....
Student Embalmer

Signed

Just T. Deans

Licensed Embalmer No. 4453

P. O. Address

Kansas City

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.