

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26995

State File No.

3238

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS b. COUNTY WYANDOTTE			
b. CITY (If outside corporate limits, write RURAL and give township): KANSAS CITY		c. LENGTH OF STAY (in this place): 5 hrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY <u>8150</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL				d. STREET ADDRESS (If rural, give location) 3136 Kipple Road <u>X</u>			
3. NAME OF DECEASED a. (First) MARY (Type or Print)			b. (Middle)			c. (Last) KALCIC	
4. DATE OF DEATH (Month) (Day) (Year) July 26, 1951		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed <u>2</u>	
8. DATE OF BIRTH 3/22/1885 3/22/1871-1880		9. AGE (In years, last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitress		11. BIRTHPLACE (State or foreign country) Yugoslavia	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitress		10b. KIND OF BUSINESS OR INDUSTRY Office Bldg.		11. BIRTHPLACE (State or foreign country) Yugoslavia		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Anton Troha			13b. MOTHER'S MAIDEN NAME Mary (Unknown)			14. NAME OF HUSBAND OR WIFE Anthony Kalcic	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anton Kalcic, K. C. K.			
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.		<p style="text-align: center;">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock + Hemorrhage</u></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Multiple Fractures Ribs</u> DUE TO (c) <u>Sacrum Pyogenic Abscess</u></p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Sebastian & Buss E8124</u></p>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 123				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kans. City Jackson Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7 26 51		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Auto Trauma			
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 Mitch B. Owens (Degree or title) Coroner				23b. ADDRESS 1034 Quail Blk		23c. DATE SIGNED 7-28-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/30/1951		24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary		24d. LOCATION (City, town, or county) (State) Kansas City, Kan.	
DATE REC'D BY LOCAL REG 7-29-51		REGISTRAR'S SIGNATURE Seraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE John T. Sherl		ADDRESS R. C. Kls	

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

Zygonia

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.....

[Handwritten Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. *3625*

P. O. Address *K. C. 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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri SS.
County of Jackson

State File No. 26995-
Local Registrar's No. 3238-51

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 14th day of August, 1951, before me appears Mrs. S. G. Gadi, who, upon her oath, states that the original record of birth for Mary Kalcic died 7-26-51, 1951, in the State of Missouri, and which was filed at K.C. Mo on 7-29, 1951, should be corrected as follows:

Item No. 8 should read March 25, 1885

Instead of March 24, 1880

Item No. 9 should read 66 yrs

Instead of 71 yrs

Item No. _____ should read _____

Instead of _____

Item No. _____ should read Verified by Building Service

Instead of Employees Union - J.C. 2 mo

Item No. _____ should read James Union 1-8-1947-

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 Mrs. S. G. Gadi Daughter
Relationship.

333 W 45 St K.C. Mo.
Present Address.

Subscribed and sworn to before me this 14th day of August, 1951.

My Commission expires Oct. 21, 1951 Gene M. Ruppelius Notary Public.