No. 300
10.48

FILED JUL 5 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 20332

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1602 Registrar's No. 2547

**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): 50 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1305 Forest

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
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): 1305 Forest

3/1/5

**3. NAME OF DECEASED** (Type or Print)
a. (First): 'Gus'
b. (Middle): Constatine
c. (Last): ANTONOPOULOS ~~Antonopoulos~~

**4. DATE OF DEATH** (Month): 6 (Day): 4 (Year): 52

**5. SEX**: M
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: —
**9. AGE** (In years last birthday): 74 | 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): Tavern Operator
**10b. KIND OF BUSINESS OR INDUSTRY**: Retired
**11. BIRTHPLACE** (City and State or Foreign Country): Greece
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: UNKNOWN
**13b. MOTHER'S MAIDEN NAME**: UNKNOWN
**14. NAME OF HUSBAND OR WIFE**: Nota ~~Antonopoulos~~ ANTONOPOULOS

**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.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: Nota ~~Antonopoulos~~ ANTONOPOULOS — ADDRESS: 1305 Forest KCMO.

**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) Aortic Stenosis - chronic rheumatic — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Generalized Arteriosclerosis — 5 years
DUE TO (c) Congestive Heart Failure — 1 month

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
Auricular Fibrillation — 3 months

**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): —
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: —

CORRECTED 3-14-55 JOH
ITEM 21 AFFIDAVIT 3-8-62

22. *I hereby certify that I attended the deceased from* 12-16, 1942, *to* 6-4, 1952, *that I last saw the deceased alive on* 6-3, 1952 *and that death occurred at* 11 a. m., *from the causes and on the date stated above.*

**23a. SIGNATURE** Graham Asher (Degree or title): M.D.
**23b. ADDRESS**: 1220 Professional Bldg. Kansas City 6 - Mo.
**23c. DATE SIGNED**: 6-6-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 6-6-52
**24c. NAME OF CEMETERY OR CREMATORY**: Calvary
**24d. LOCATION** (City, town, or county) (State): Kansas City, Mo.

**DATE REC'D BY LOCAL REG.**: 6-6-52
**REGISTRAR'S SIGNATURE**: Geraldine Holmes
**25. FUNERAL DIRECTOR'S SIGNATURE**: Mellody-McGilley-Eylar — ADDRESS: KCMO.

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Asher
3:30 - 5PM THURS

Antonopoulos

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 _____ Student Embalmer No. 448 working under my personal supervision.

Student Arthur E. Haab
Student Embalmer

Signed Glen E. Heck

Licensed Embalmer No. 4063

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.

July -

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Jackson }

State File No. 20332-52

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 2547

On this 15 day of February, 1960, before me appears Tom Antonopoulos, who, upon his oath, states that the original record of ~~birth~~ death for "Gus" Constatine Antonopoulas ~~born~~ died 6-4-52, 19..., in the State of Missouri, and which was filed at ~~Jefferson~~ Kansas City, Missouri on 6-6-52, 19..., should be corrected as follows:

Item No. 3 should read "Gus" Constatine Antonopoulos
" " " " Antonopoulas

Instead of

Item No. 14 should read Nota Antonopoulos
" " Antonopoulas

Instead of

Item No. 17 should read " " Antonopoulos
" " Antonopoulas

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 Tom Antonopoulos Son
Relationship.

5801 Cherry - K. C. MO.
Present Address.

Subscribed and sworn to before me this 15 day of February, 1960

My Commission expires August 24, 1960 Bessie W. Smith Notary Public.

S-20332