

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

38957A

State File No. 5010

FILED DEC 6 1952

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 Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (If this place) 45 yrs		d. STREET ADDRESS (If rural, give location) 53 rd & Woodland	
d. FULL NAME OF HOSPITAL OR INSTITUTION Little Sisters of the Poor		e. ALB	
3. NAME OF DECEASED (Type or Print) a. (First) Wasyl b. (Middle) Szilak c. (Last) Szilak		4. DATE OF DEATH (Month) (Day) (Year) 11-14-52	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 1-20-1879
9. AGE (In years last birthday) 73	10. USUAL OCCUPATION (Give kind of work including part-time working life, even if retired) Watchman	11. BIRTHPLACE (City and State or Foreign Country) Austria	12. CITIZEN OF WHAT COUNTRY? Hungary
10b. KIND OF BUSINESS OR INDUSTRY Olympic Stadium	13a. FATHER'S NAME Brokes Szilak	13b. MOTHER'S MAIDEN NAME Barbara Karinska	14. NAME OF HUSBAND OR WIFE unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Sister Emilie - 5331 Woodland	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES (b) Hypertension DUE TO (c) Atherosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Atherosclerosis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331A	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	21. INTERVAL BETWEEN ONSET AND DEATH 10 min 2-5 yrs 5-10 yrs		
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 <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 10/1/1952, to 11/14/52, 1952, that I last saw the deceased alive on 11/12, 1952, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Joseph P. Fogarty (Degree or title) 2 ND		23b. ADDRESS 402 North Broadway KC 316	23c. DATE SIGNED 11/16/52
24a. DATE OF DEATH 11-12-52	24b. NAME OF CEMETERY OR CREMATORY Maple Hill	24c. LOCATION (City, town, or county) KC Kans	24d. (State)
25. DATE REC'D BY LOCAL REG. 11-16-52	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Edward J. Fogarty 14-C mo.	

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

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. _____

working under my personal supervision.

Student
Student Embalmer

Signed Frank B. Rogitaw

Licensed Embalmer No. 4273

P. O. Address 100 No

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.