No. 300
10.48

FILED MAR 13 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6296
1100

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

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) 1 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Menorah Medical Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Kansas
b. COUNTY Wyandotte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City 8150
d. STREET ADDRESS (If rural, give location) 648 Splitlog

3. NAME OF DECEASED (Type or Print)
a. (First) John
b. (Middle)
c. (Last) Skoriza

4. DATE OF DEATH (Month) 2 (Day) 21 (Year) 53

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married

8. DATE OF BIRTH Dec. 11, 1952

9. AGE (In years last birthday) — IF UNDER 1 YEAR: Months 2 / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Kans.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME James Skoriza

13b. MOTHER'S MAIDEN NAME Anna Marie Hotujac

14. NAME OF HUSBAND OR WIFE none

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 James Skoriza
ADDRESS 648 Splitlog K. C. 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) Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Imperforate anus — 2 months

DUE TO (c) and exstrophy of bladder

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Bilateral inguinal hernia & omphalocele 7562

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] 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) 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* 2-3-, 1952, *to* 2-21-, 1953, *that I last saw the deceased alive on* 2-21, 1953, *and that death occurred at* 1:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Richard A. Twyman (Degree or title) MD
Richard A Twyman

23b. ADDRESS 1314 Professional Bldg KC. Mo

23c. DATE SIGNED 2-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE Feb. 23, 1953

24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary

24d. LOCATION (City, town, or county) Wyandotte (State) Kansas

DATE REC'D BY LOCAL REG. 2-21-53

REGISTRAR'S SIGNATURE Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE Skradski-Stine
ADDRESS 340 North 6 Th Street K. C. K.

(Licensed Embalmer's Statement on Reverse Side)

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 Matt [illegible]

Licensed Embalmer No. 4387

P. O. Address.....

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.