

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24816**  
**3380**

FILED JUL 24 1953

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

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (In this place) <b>Aprox. 20 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>1205 Troost</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Kansas City General Hospt.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Joseph</b>		b. (Middle) <b>A.</b>	
		c. (Last) <b>Giza</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>July 4, 1953</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 1, 1910</b>
9. AGE (In years last birthday) <b>42</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>Roofer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Swift &amp; Co. Meat Pkg.</b>	
11. BIRTHPLACE (State or foreign country) <b>Czechoslovakia</b>		12. CITIZEN OF WHAT COUNTRY? <b>Unknown</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Mrs. Ethel Giza</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>Unknown at present.</b>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Ethel Penn Giza, K. C.</b>			
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, asphemia, etc. It means the disease, injury, or complication which caused death.		<p>327-03-2941 MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Stab wounds Chest &amp; Abdomen</b></p> <p>ANTECEDENT CAUSES (b) <b>faceration face</b></p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (c)</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>No Post Mortem</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Homicide</b>		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <b>Street</b>	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>Kansas City Jackson MO</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>7-4-53</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> <b>Stabbed by unknown assailant</b>	
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 <b>Hugh H. Owens</b> (Degree or title)		23b. ADDRESS <b>1134 Piatt Bldg</b>	
23c. DATE SIGNED <b>7-6-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-8-53</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Washington Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>7-7-53</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Smith</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>H. Tigerman &amp; Sons</b>		ADDRESS <b>, K. C. Mo.</b>	

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 *N. LeRoy Mooney*

Licensed Embalmer No. 4776

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.