

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25268**
3528

FILED JUL 28 1953

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (in this place) <u>35 yrs</u>		c. CITY OR TOWN <u>Kansas City</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hosp</u>		e. STREET ADDRESS (If rural, give location) <u>1221 White</u>	

3. NAME OF DECEASED (Type or Print) <u>DAN</u>	a. (First) <u>DAN</u>	b. (Middle) <u>S. Wiskoski</u>	c. (Last) <u>Wiskoski</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7 14 53</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3-20-1901</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Jackson Co. Garage</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Joe, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>FRANK Wiskoski</u>	13b. MOTHER'S MAIDEN NAME <u>ROSALIA JOSINAKI</u>	14. NAME OF HUSBAND OR WIFE <u>FRANCES Wiskoski</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>300-14-8368</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Frances Wiskoski</u>	ADDRESS <u>1221 White</u>
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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) <u>Uremia, acute</u> ANTECEDENT CAUSES DUE TO (b) <u>Intestinal obstruction</u> <u>ileitis</u> DUE TO (c) <u>Hypertensive cardiovascular heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>6 days</u> <u>15 years</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>5711</u>

19a. DATE OF OPERATION <u>7-11-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Cecostomy</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 7-6-53, 1953, to 7-14-53, 1953, that I last saw the deceased alive on 7-13-53, 1953, and that death occurred at 8:40 a m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. W. Dodson</u> <u>W. W. Dodson, M.D.</u> (Degree or title)	23b. ADDRESS <u>1010 Professional Bldg.</u>	23c. DATE SIGNED <u>7-16-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/17/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mc. Olivet</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-16-53</u>	REGISTRAR'S SIGNATURE <u>Sheldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John P. Sheil</u>	ADDRESS <u>K.C. Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....
Signature of Student Embalmer

Signed *Richard E. Carroll*

Licensed Embalmer No. *482*

P. O. Address *H. E. S.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.