

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31846**
Registrar's No. **4663**

FILED OCT 15 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Kansas b. COUNTY Wyandotte

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City c. LENGTH OF STAY (in this place) 9 days
c. CITY OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL e. STREET ADDRESS (If rural, give location) 722 Washington Boulevard

3. NAME OF DECEASED a. (First) Peter b. (Middle) Joseph c. (Last) JURKIC 4. DATE OF DEATH (Month) (Day) (Year) September 25 1953

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH September 9, 1912 9. AGE (In years last birthday) 41 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) Set up man 10b. KIND OF BUSINESS OR INDUSTRY Pendix Aviation Corp. 11. BIRTHPLACE (City and State or Foreign Country) Barberton, Ohio 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John Jurkic 13b. MOTHER'S MAIDEN NAME Katherine Rose Horn 14. NAME OF HUSBAND OR WIFE Betty Jurkic

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-2 16. SOCIAL SECURITY NO. 279-01-4055 17. INFORMANT'S SIGNATURE OR NAME Official Records, VA Hospital, K.C. Mo. ADDRESS

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, ashenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Partial Vein Thrombosis INTERVAL BETWEEN ONSET AND DEATH 1 wk

ANTECEDENT CAUSES
DUE TO (b) Carcinoma of the pancreas 6 mo
DUE TO (c) as above

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. as above 157X

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION biopsy 20. AUTOPSY? YES NO
Cholecystectomy, Gastrojejunostomy, Liver & pancreatic

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) VA 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 September 17 1953, to September 25 1953, that ~~the deceased was~~ ~~born~~ ~~on~~ ~~XXXXXX~~ ~~XXXXXX~~ ~~XXXXXX~~, and that death occurred at 8:13 p. m., from the causes and on the date stated above.

23a. SIGNATURE Richard C. Schaffer, M.D. 23b. ADDRESS VA Hospital, Kansas City, Mo. 23c. DATE SIGNED 9/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 9-28-53 24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEM. 24d. LOCATION (City, town, or county) (State) KANSAS CITY, KANS.

DATE REC'D BY LOCAL REG. 9-28-53 REGISTRAR'S SIGNATURE Geraldine Smith 25. FUNERAL DIRECTOR'S SIGNATURE WARNICK-CUSTER-EADS ADDRESS K.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.....
Signature of Student Embalmer

Signed *J. M. Swisher*

Licensed Embalmer No. *3909*

P. O. Address *W. Kansas*

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.