

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **586**

BIRTH NO. **FILED FEB 4 1954** REG. DIST. NO. **393** PRIMARY REG. DIST. NO. **1002** Registrar's No. **333**

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Florida b. COUNTY DADE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY OR TOWN MIAMI	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) MINUTES		e. STREET ADDRESS (If rural, give location) 422 No. E. 82nd 8090 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION Westside Municipal AirPort			

3. NAME OF DECEASED (Type or Print) Edward Frank Kaselak		4. DATE OF DEATH (Month) (Day) (Year) JAN 20 1954	
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. 19, 1914
9. AGE (In years last birthday) 39		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pilot LANTOP Flying Service	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Cleveland, Ohio		12. CITIZEN OF WHAT COUNTRY? U. S.	

13a. FATHER'S NAME PAUL KASELAK	13b. MOTHER'S MAIDEN NAME Elizabeth	14. NAME OF HUSBAND OR WIFE FRANCES KASELAK
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hriczo Funeral Home Cleveland Ohio

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple fracture, head chest injuries		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Airplane Crash		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			6-39

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) River bank	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Kansas City, Mo. Clay, Missouri (STATE) MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1-20-54 7:00 A.M.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Airplane hit river bank.

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 O. S. Pate (Degree or title) 3	23b. ADDRESS North Kansas City, Mo.	23c. DATE SIGNED 1/21/54
---	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 1/21/54	24c. NAME OF CEMETERY OR CREMATORY -	24d. LOCATION (City, town, or county) (State) Cleveland Ohio
--	--------------------------	---	---

DATE REC'D BY LOCAL REG. 1-21-54	REGISTRAR'S SIGNATURE Suzanne Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. W. NEWCOMERS N. K. C. Mo
---	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

3

FEB 24 1954

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 *Glen H Hill*.....

Licensed Embalmer No. *45*.....

P. O. Address *P. O. 16*.....

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.

W. D. 80