

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19240

State File No. ....

FILED JUL 12 1954

BIRTH NO. _____		REG. DIST. NO. <u>199</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2619</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>Jackson</b>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>17 years</b>		c. CITY OR TOWN <b>Kansas City</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital No. 1</b>				d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		STREET ADDRESS (If rural, give location) <b>1424 Summit</b>	
3. NAME OF DECEASED (Type or Print)		a. (First) <b>John</b>		b. (Middle) <b>G.</b>		c. (Last) <b>Yarmek</b>	
4. DATE OF DEATH		(Month) <b>6</b>		(Day) <b>8</b>		(Year) <b>1954</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>Oct. 20, 1888</b>		9. AGE (in years last birthday) <b>65</b>	
IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours		IF UNDER 1 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Dry goods</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Yugoslavia</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Frank Yarmek</b>		13b. MOTHER'S MAIDEN NAME <b>Anna (Unknown)</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Yarmek</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY <b>510-05-9078</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Marko Bosilevac</b>		ADDRESS <b>K.C.K.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bilateral fibro caseous pulmonary tuberculosis</b>		ANTECEDENT CAUSES <b>tuberculosis</b>					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____					
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS <b>Thrombosis left renal artery with infarction left kidney</b>				<b>002X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 3</u> , 19 <u>54</u> , to <u>June 8</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>June 8</u> , 19 <u>54</u> , and that death occurred at <u>5:05A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>B.I. Burns</b> (Degree or title) <i>B.I. Burns M.D.</i>				23b. ADDRESS <b>24th &amp; Cherry</b>		23c. DATE SIGNED <b>6-8-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-12-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Calvary</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Kansas</b>	
DATE REC'D BY LOCAL REG. <b>6-10-54</b>		REGISTRAR'S SIGNATURE <i>Seraldine Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Skradski-Stine</b> <b>Matt Skradski</b>		ADDRESS <b>K.C.K.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

*F. M. ...*

**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 *Must Shradoli* .....

Licensed Embalmer No. 4382.....

P. O. Address Kansas City,.....

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.