

FILED DEC 3 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37626

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5289

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 30 Yrs		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 ST MARY'S HOSPITAL		STREET ADDRESS (If rural, give location) 6515-E 19th ST 3218	

3. NAME OF DECEASED (Type or Print) ANTONIA	a. (First)	b. (Middle) TashKoff	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 11-13-54
---	------------	----------------------	-----------	--

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1-4-1889	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.
---------------	------------------------	--	---------------------------	------------------------------------	-----------------------------	----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) GALICIA AUSTRIA	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	-----------------------------------	--	-------------------------------------

13a. FATHER'S NAME DEMETRIA CHATKAWSKI	13b. MOTHER'S MAIDEN NAME NO RECORD	14. NAME OF HUSBAND OR WIFE GEORGE TASHKOFF
--	-------------------------------------	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE	16. SOCIAL SECURITY NO. 500-22-7340	17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Tashkoff 6515-17th St
--	-------------------------------------	--

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) Pyelonephritis		INTERVAL BETWEEN ONSET AND DEATH 60 min
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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 _____, 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 Richard C. Schaffer (Deputy Registrar)	23b. ADDRESS 44th Manig Hospital KC Mo.	23c. DATE SIGNED 11-13-54
---	---	---------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11-15-54	24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery K.C. Mo.	24d. LOCATION (City, town, or county) (State)
--	--------------------	--	---

DATE REC'D BY LOCAL REG. 11-15-54	REGISTRAR'S SIGNATURE neva minshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John P. Smith K.C. Mo.
-----------------------------------	-------------------------------------	---

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Richard C. Schaffer

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 *Thomas A. Sheel*.....

Licensed Embalmer No. *495*

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