

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41205

State File No.

FILED JAN 12 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5876

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

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) 7 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 MARY'S REST HOME, 3215 CAMPBELL		STREET ADDRESS (If rural, give location) 7105 1/2 TRUMAN ROAD 3210	
3. NAME OF DECEASED a. (First) STEVE		b. (Middle)	
c. (Last) SEKOSKE		4. DATE OF DEATH (Month) (Day) (Year) DECEMBER 22 1954	
5. SEX ♂	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH AUG. 10, 1878
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SECTION HAND		10b. KIND OF BUSINESS OR INDUSTRY Railway	11. BIRTHPLACE (City and State or Foreign Country) Pilho, AUSTRIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME PAUL SEKOSKE	
13b. MOTHER'S MAIDEN NAME MARY EMERICH		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 446-20-6782	
17. INFORMANT'S SIGNATURE OR NAME JULIE CORBETT		ADDRESS 4024 WARWICK, K.C. Mo.	
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) CARCINOMA PANCREAS	
		INTERVAL BETWEEN ONSET AND DEATH 12 mo +	
		ANTECEDENT CAUSES Morbidity 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. 157 K.	
19a. DATE OF OPERATION 8-19-54		19b. MAJOR FINDINGS OF OPERATION ca. pancreas (Friser Hosp. St. Louis)	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 8-17, 1954 , to 12-22, 1954 , that I last saw the deceased alive on 12-20, 1954 , and that death occurred at 12:30 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE James R. Mc Vay (Degree or title)		23b. ADDRESS 814 U.F.W. Bldg.	
23c. DATE SIGNED 12-22-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE DEC. 22, 1954	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) FORT SCOTT KANSAS	
DATE REC'D BY LOCAL REG. 12-24-54		REGISTRAR'S SIGNATURE Neva Minshall	
25. FUNERAL DIRECTOR'S SIGNATURE D. H. Theocomer		ADDRESS One Kansas City, Missouri	

1150007

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 *Albert J. Savage*

Licensed Embalmer No. *480*

P. O. Address *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.