

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 11 1955

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Sedalia</u>)	c. LENGTH OF STAY (In this place) <u>39 yrs.</u>	c. CITY OR TOWN <u>Sedalia</u>	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 <u>1021 South Kentucky</u>		STREET ADDRESS (If rural, give location) <u>1021 South Kentucky</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GUS</u> b. (Middle) <u>KOSTAS</u> c. (Last) <u>KIVRIZIS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 4, 1955</u>
------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 13, 1898</u>	9. AGE (In years last birthday) <u>57</u>	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) <u>Merchant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Confectionery</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Metelene, Greece</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
-------------------------------------------------------------------------------------------------------------	--------------------------------------------------------	----------------------------------------------------------------------------	--------------------------------------------

13a. FATHER'S NAME <u>Chris Kivrizis</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Emma Meyers Kivrizis</u>
------------------------------------------	------------------------------------------	---------------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>495-36-7142</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Emma Kivrizis, Sedalia, Mo.</u>
------------------------------------------------------------------------	--------------------------------------------	-----------------------------------------------------------------------------------

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary embolism</u>		
	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 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) (Min.)	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 ^{VIEWED} ~~certified~~ the deceased as Deener, 19 , that I last saw the deceased alive on , 19 and that death occurred at 4:50 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Olga Bonlan Stauffach</u> (degree or title)	23b. ADDRESS <u>Corner Pettis Co</u>	23c. DATE SIGNED <u>4-5-55</u>
---------------------------------------------------------------	--------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/6/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo.</u>
---------------------------------------------------------	-------------------------	------------------------------------------------------------	-------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>4/6/55</u>	REGISTRAR'S SIGNATURE <u>Lawrence Curtis, Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Maune Ewing Sedalia, Mo.</u>
----------------------------------------	------------------------------------------------------	--------------------------------------------------------------------------

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

APR 18 1958

MAY 22 1958

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 *P. E. Baker*

Licensed Embalmer No. *241*

P. O. Address *Seclah*

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.