

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 25 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1401

1. PLACE OF DEATH
a. COUNTY JACKSON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE MO b. COUNTY JACKSON

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY c. LENGTH OF STAY (in this place) 35 yrs.

c. CITY OR TOWN KANSAS CITY d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 1650 BRISTOL
STREET ADDRESS (If rural, give location) 1650 BRISTOL 3218

3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) - c. (Last) KURASKUWICZ 4. DATE OF DEATH (Month) (Day) (Year) 3 28 55

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED 8. DATE OF BIRTH Dec 24, 1887 9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months 1 YEAR Days 21 HRS. Hours 24 Min.

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) RETIRED 10b. KIND OF BUSINESS OR INDUSTRY WATCH MANUFACTURING RETIRED 11. BIRTHPLACE (City and State or Foreign Country) POLAND 4 12. CITIZEN OF WHAT COUNTRY? POLAND

13a. FATHER'S NAME No Record 13b. MOTHER'S MAIDEN NAME No Record 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. 495-09-3663 17. INFORMANT'S SIGNATURE OR NAME ADDRESS RAYMOND MAY 1650 BRISTOL

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atherosclerotic heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized atherosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 4200

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 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.

23. SIGNATURE Geo. C. Kealhofer (Degree or title) 23b. ADDRESS 6625 Prospect X. Ave. 23c. DATE SIGNED 3-28-55

24a. BURIAL, CREMATION, REMOVAL (Specify) 24b. DATE MAR 30, 1955 24c. NAME OF CEMETERY OR CREMATORY ST MARY'S 24d. LOCATION (City, town, or county) (State) KANSAS CITY MO.

DATE REC'D BY LOCAL REG. 3-29-55 REGISTRAR'S SIGNATURE Neva Minshel 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SHEIL FUNERAL HOME K.C. MO.

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

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. Sheil*.....

Licensed Embalmer No. *495*

P. O. Address *X.C. M.*

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.