

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19064**

**2661**

**FILED JUL 8 - 1955**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Jackson</b> b. CITY OR TOWN <b>Kansas City</b> c. LENGTH OF STAY (in this place) <b>40 years</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.) a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b> c. CITY OR TOWN <b>Kansas City</b> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Little Sisters Home</b>		STREET ADDRESS (If rural, give location) <b>5331 Highland</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Andrew</b> b. (Middle) <b>Paul</b> c. (Last) <b>Zupka</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>June 20, 1955</b>		
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> _____	<b>9. AGE</b> (In years last birthday) <b>71</b>	IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 2 HRS.: Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Retired blacksmith</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> -----	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Berlin, Germany</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>

<b>13a. FATHER'S NAME</b> <b>No record</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>No record</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Mrs Minnie Zupka</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>No</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Thos. C. Zupka</b>	
				<b>ADDRESS</b> <b>4405 Raytown Road</b>	

<b>18. CAUSE OF DEATH</b> 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.			<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>2 days</b>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Crown Thrombosis</b>			<b>Kansas City, Mo.</b>	
<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			<b>Due to (b) Arteriosclerosis</b>	
			<b>Due to (c)</b>	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			<b>4201</b>	

<b>19a. DATE OF OPERATION.</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from 5/28, 1955, to 6/20, 1955, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.**

<b>22a. SIGNATURE</b> <b>Joseph A. Fogarty</b> (Name or title)	<b>23b. ADDRESS</b> <b>5811 Duran St. K.C. Mo.</b>	<b>23c. DATE SIGNED</b> <b>6/20/55</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>June 22, 1955</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>St. Mary's</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>K.C. Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>6-21-55</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Meva Minsell</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Thos E. Quirk</b>	<b>ADDRESS</b> <b>4316 Troost Ave K.C. Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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*

Licensed Embalmer No. *37*

P. O. Address *103*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.