

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33593

FILED OCT 19 1955

State File No.

4114

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

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 OR TOWN Kansas City
c. LENGTH OF STAY (In this place) 10 yrs.

c. CITY OR TOWN Kansas City
d. In Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1

49 STREET ADDRESS (If rural, give location) 3114 Charlotte 34980

3. NAME OF DECEASED
a. (First) Paul b. (Middle) _____ c. (Last) Vancas

4. DATE OF DEATH (Month) (Day) (Year) 9 19 1955

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced

8. DATE OF BIRTH 7-25-1891

9. AGE (In years last birthday) 64

IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 1 HR. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor

10b. KIND OF BUSINESS OR INDUSTRY Tavern

11. BIRTHPLACE (City and State or Foreign Country) Yugoslavia 8

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Vancas

13b. MOTHER'S MAIDEN NAME Rosa Draskovich

14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 510-18-4868

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Bertha Milkovich K.C.K.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bowel obstruction due to small gangrenous inguinal hernia
INTERVAL BETWEEN ONSET AND DEATH 56/10
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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 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) m.

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 Sept. 19, 1955, to Sept. 19, 1955, that I last saw the deceased alive on Sept. 19, 1955, and that death occurred at 11:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns (Degree or title)

23b. ADDRESS 24th & Cherry

23c. DATE SIGNED 9-20-1955

24a. BURIAL CREMATION (Specify) Burial

24b. DATE 9-22-1955

24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary

24d. LOCATION (City, town, or county) (State) Kansas City, Kansas

DATE REC'D BY LOCAL REG. 9-21-55 REGISTRAR'S SIGNATURE never misshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Matt Skradski K.C.K.

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.....
Met Shredler

Licensed Embalmer No. 4382

P. O. Address Kansas City

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.