

FILED NOV 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36992**
4663

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

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|--|--|--|--|--|--|
| 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) Kansas City | | c. LENGTH OF STAY (in this place) 52 yrs | | c. CITY OR TOWN Kansas City | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #1 | | e. STREET ADDRESS (If rural, give location) 1523 Tullis | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

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|--|-------------|-----------|---|--|--|
| 3. NAME OF DECEASED (Type or Print) Matthew Rewicz | | | 4. DATE OF DEATH (Month) (Day) (Year) Oct 27 1955 | | |
| a. (First) | b. (Middle) | c. (Last) | | | |

| | | | | | | |
|--------------------|-------------------------------|--|---|--|--------------------------------|--------------------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Dec 12, 1875 | 9. AGE (In years last birthday) 79 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
|--------------------|-------------------------------|--|---|--|--------------------------------|--------------------------------|

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|---|--|---|--|--|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | 10b. KIND OF BUSINESS OR INDUSTRY Bonka Glamba Steak Products | | 11. BIRTHPLACE (City and State or Foreign Country) Lithuania 8 | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
|---|--|---|--|--|--|---|--|

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|--|--|---|--|---|--|
| 13a. FATHER'S NAME No Record | | 13b. MOTHER'S MAIDEN NAME No Record | | 14. NAME OF HUSBAND OR WIFE Mary Rewicz | |
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|---|--|---|--|--|--|
| 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. 496-10-5342 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Albert Rewicz 1523 Tullis K cC Mo. | |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | | Recent mild chest angulation for extensive infarct of 3rd degree Burns | | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | | | |
| | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | |
| | | DUE TO (b) confluent Branches Pneumonia | | | |
| | | DUE TO (c) with Abscess formation | | | 89160 |
| | | II. OTHER SIGNIFICANT CONDITIONS | | | |
| | | Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|------------------------|--|----------------------------------|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
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|--|--|---|--|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home | | 21c. (CITY, TOWN) OR TOWNSHIP (COUNTY) (STATE) Kansas City Jackson, Mo. | |
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|---|--|---|--|---|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 10-14-55 | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? oil stove exploded | |
|---|--|---|--|---|--|

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.

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|--|--|--|--|-------------------------------------|--|
| 23. SIGNATURE Geo. C. Kealhofer (Degree or title) Deputy Coroner | | 23b. ADDRESS 6627 Market St. Cus | | 23c. DATE SIGNED 10-28-55 | |
|--|--|--|--|-------------------------------------|--|

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|--|--|------------------------------|--|--|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 10/29/55 | | 24c. NAME OF CEMETERY OR CREMATORY St Marys Cemetery | | 24d. LOCATION (City, town, or county) (State) Kansas City Mo | |
|--|--|------------------------------|--|--|--|--|--|

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|---|--|-----------------------|--|---|--|
| DATE REC'D BY LOCAL REG. 10-29-55 Neva Marshall | | REGISTRAR'S SIGNATURE | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sheil Funeral Home Kansas City Mo. | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

at 9305-

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. 21

working under my personal supervision..

Student Harold P. Quich
Signature of Student Embalmer

Signed James P. Seal

Licensed Embalmer No. 495

P. O. Address X. C. Mc

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.