

FILED DEC 30 1955

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40902

5315

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 (If outside corporate limits, write RURAL and give town or township) Kansas City	c. LENGTH OF STAY (in this place) 4 yrs.	c. CITY OR TOWN Kansas City	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 3423 Wyandotte St.		STREET ADDRESS (If rural, give location) 3423 Wyandotte St. 3410	

3. NAME OF DECEASED (Type or Print) MARY	a. (First)	b. (Middle) ---	c. (Last) STEFANCIC	4. DATE OF DEATH Dec. 5, 1955
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5. SEX female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, NEVER MARRIED	8. DATE OF BIRTH June 8, 1907	9. AGE (In years last birthday) 48	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) Long Distance Operator	10b. KIND OF BUSINESS OR INDUSTRY Telephone Co.	11. BIRTHPLACE (City and State or Foreign Country) Pittsburg, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Martin Stefancic	13b. MOTHER'S MAIDEN NAME Mary Kozali	14. NAME OF HUSBAND OR WIFE none
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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. 511-10-0179	17. INFORMANT'S SIGNATURE OR NAME Jack Burnham, Brother-in-law, Fresno, Calif	ADDRESS
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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, asthenia, 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) <i>Sticks & Hemorrhage</i>		
	ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>from multiple fracture</i> DUE TO (c) <i>7 hrs arrests</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		977X	

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 <i>Accident?</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	21c. (CITY, TOWN, OR TOWNSHIP) <i>Osborne City</i> (COUNTY) <i>Jackson</i> (STATE) <i>Miss</i>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>12-5-55</i> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>Self inflicted fracture of vertebrae</i>
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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.

23a. SIGNATURE Geo. C. Kealhofer (Degree or title) 3 <i>Geo C Kealhofer, President, Coronary</i>	23b. ADDRESS 6627 Praxford Road	23c. DATE SIGNED 12-6-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 12/8/55	24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery Crematry	24d. LOCATION (City, town, or county) Kansas City, Missouri (State)
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DATE REC'D BY LOCAL REG. 12-8-55	REGISTRAR'S SIGNATURE <i>Neva Marshall</i>	25. FUNERAL DIRECTOR'S SIGNATURE QUIRK & TOBIN-20 W. Linwood, K.C.Mo.	ADDRESS
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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, ~~on~~ *Thomas A. Koeller*, Student Embalmer No. *50*
working under my personal supervision.

Student *Thomas A. Koeller* Signed *Farrest R. Calloway*
Signature of Student Embalmer

Licensed Embalmer No. *4714*

P. O. Address *K. P. Mo*

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.