

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

5051

403

| | | | | | | | | |
|--|----------------------------------|---|---|---|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | 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) Kansas City | | c. LENGTH OF STAY (in this place) 9 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 Research Hospital | | | | e. STREET ADDRESS (If rural, give location) 410 3603 West Roanoke Drive 3468 | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) FRANK | | | b. (Middle) J. | | c. (Last) POLEK | | 4. DATE OF DEATH (Month) (Day) (Year) 1 27 56 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 3-31-1902 | | 9. AGE (In years last birthday) 53 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Freight Agent | | 10b. KIND OF BUSINESS OR INDUSTRY Penn. Ry 35yrs | | 11. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
| 13a. FATHER'S NAME Anton Polek | | | 13b. MOTHER'S MAIDEN NAME Hermine Strlka | | 14. NAME OF HUSBAND OR WIFE Cecilia Jann Polek | | | |
| 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. 717-03-9778 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cecilia Polek 3603 W. Roanoke Drive | | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of liver (Laennec's) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 ? 5811 | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | |
| 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) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | | |
| 22. I hereby certify that I attended the deceased from <u>Dec 5</u> , 19 <u>55</u> , to <u>Jan 27</u> , 19 <u>56</u> that I last saw the deceased alive on <u>Jan 27</u> , 19 <u>56</u> and that death occurred at <u>9:30</u> p.m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE E. G. Kettner (Degree or title) M.D. | | | | 23b. ADDRESS Kansas City, Mo. | | 23c. DATE SIGNED 1/28/56 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 1-30-56 | 24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet | | 24d. LOCATION (City, town, or county) (State) Kansas City Missouri | | | |
| DATE REC'D BY LOCAL REG. 1-28-56 | | REGISTRAR'S SIGNATURE Neva Marshall | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar 1800 E. Linwood | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

Dr. Edward Kettner
Chap. Body
Per 1-2892
Tell Mason Today

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 *Melvin Darteau*.....

Licensed Embalmer No. *490*.....

P. O. Address *KC 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.