FILED MAY 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16269

State File No. .....

BIRTH NO. 37789-56 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1899

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (in this place) 10 MIN.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) The Menorah Medical Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jackson
c. CITY OR TOWN Kansas City
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 57 3438 Jackson 3578

3. NAME OF DECEASED (Type or Print)
a. (First) Baby Girl
b. (Middle)
c. (Last) Bucko

4. DATE OF DEATH (Month) 4 (Day) 30 (Year) 56

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH 4/30/56
9. AGE (In years last birthday) ~~NB~~ — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min. 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY Infant
11. BIRTHPLACE (City and State or Foreign Country) Menorah Hosp. Kansas City, MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Ted Bucko
13b. MOTHER'S MAIDEN NAME Sophia Pollawski
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Ted Bucko 3438 Jackson ADDRESS

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) congenital Anomalies: total evisceration of Abdominal organs; interventrical septal defect; common cloaca; imperforate anus; undeveloped pelvic cavity; felipes valgus etc...

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. Prematurity.

INTERVAL BETWEEN ONSET AND DEATH: 56 01

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* 4/30/56 *19*___, *to* 4/30/___, *19*56, *that I last saw the deceased alive on* 4/30, *19*56, *and that death occurred at* 8:29 *P.m., from the causes and on the date stated above.*

23a. SIGNATURE Bela K. Kent M.D. (Degree or title) 701 E 63 Kansas City Missouri
23b. ADDRESS
23c. DATE SIGNED 5-2-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5-2-56
24c. NAME OF CEMETERY OR CREMATORY Calvary
24d. LOCATION (City, town, or county) (State) 3438 Jackson

DATE REC'D BY LOCAL REG. 5-2-56
REGISTRAR'S SIGNATURE Neva Marshall
25. FUNERAL DIRECTOR'S SIGNATURE Mellody-McGilley-Eylar ADDRESS 1800 E. Linwood

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Bela K. Kent

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Arthur Eugene Le

Licensed Embalmer No. 49

P. O. Address K. C.

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