

FILED JUN 13 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

2245

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Kansas City</u>	c. LENGTH OF STAY (in this place) <u>60 yrs</u>	c. CITY OR TOWN <u>Kansas City</u>	d. In 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 <u>17 E 34<sup>th</sup> apart 23-50</u>		e. STREET ADDRESS (If rural, give location) <u>17 E 34<sup>th</sup> 3508</u>	

3. NAME OF DECEASED (Type or Print). a. (First) <u>Michael</u> b. (Middle) <u>Chirovno</u> c. (Last) <u>Chirovno</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5-29-56</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>10-11-1895</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 14 MRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>apartment mgr</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Ambrosio Chirovno</u>	13b. MOTHER'S MAIDEN NAME <u>Marie DeWolio</u>	14. NAME OF HUSBAND OR WIFE <u>Elsie Chirovno</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, state war or kind of service) <u>yes - World War</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Elsie Chirovno</u>	ADDRESS <u>17 E 34<sup>th</sup></u>
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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) <u>Acute Bronchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
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*This does not mean the mode of dying, such as heart failure, asthemia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	4201
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19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, or bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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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? _____
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22. I hereby certify that I attended the deceased from 5/19, 1954, to 5/22, 1956, that I last saw the deceased alive on 5/22-1956, and that death occurred at 1130 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>C.G. Leitch</u> (Degree or title) <u>MO</u>	23b. ADDRESS <u>1060 Pryor Rd, Rehm</u>	23c. DATE SIGNED <u>5/22/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>5-25-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Marys</u>	24d. LOCATION (City, town, or county) (State) <u>RC Mo</u>
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DATE REC'D BY LOCAL REG. <u>5-23-56</u>	REGISTRAR'S SIGNATURE <u>new Minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John L. Doughton</u>	ADDRESS <u>RC Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

JUN 27 1956

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..... *Debra B. Loggins*

Licensed Embalmer No. *42*

P. O. Address *KCC*

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.