

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20662**
2545

FILED JUL 6 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1007 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> <u>45 yrs.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>37 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>4312 Mercier</u> <u>3718</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Medical Center</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>SAMUEL</u> b. (Middle) <u>A.</u> c. (Last) <u>OZAR</u>	4. DATE OF DEATH (Month) <u>6</u> (Day) <u>7</u> (Year) <u>56</u>
---	--

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>9-5-90</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
-----------------	---------------------------	--	--------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tailor - Wolf Bros. CLOTHING STORE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Lithuania</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>8</u>	12. COUNTRY OF WHAT CITIZENRY? <u>U.S.A.</u>
---	--	---	--

13a. FATHER'S NAME <u>David Ozar</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Celia</u>
--------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>495-05-2057</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Simon J. Ozar</u>	ADDRESS <u>7319 Jarboe</u>
---	--	--	----------------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Abdominal carcinoma of rectum - chiefly liver</u>		INTERVAL BETWEEN ONSET AND DEATH <u>153X</u>
ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma, primary ascending colon</u>			
DUE TO (c) <u>Amesara, jaundice</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>4-6-56</u>	19b. MAJOR FINDINGS OF OPERATION <u>Ca. ascending colon</u>	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) (Min.)	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 May 1, 1956, to June 7, 1956, that I last saw the deceased alive on June 7, 1956, and that death occurred at 12:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>William Lowe Mundy</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>1103 Grand</u>	23c. DATE SIGNED <u>6-8-56</u>
--	--------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-8-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sheffield</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>
---	-------------------------	---	---

DATE REC'D BY LOCAL REG. <u>6-9-56</u>	REGISTRAR'S SIGNATURE <u>Rever Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis Funil Home</u>	ADDRESS <u>K.C. Mo</u>
--	---	--	------------------------

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, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Gary Buffington*

Licensed Embalmer No. *275*

P. O. Address *K.C. 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.