

FILED AUG 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27164

State File No.

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3177

| | | | | | | |
|---|----------------------------|--|---|---|---|---|
| 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 township) OR TOWN Kansas City | | c. LENGTH OF STAY (in this place) 52 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 412 West 33rd St. | | | e. STREET ADDRESS (If rural, give location) 412 West 33rd St. 3478 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) LEOBA b. (Middle) _____ c. (Last) STAHOSKI | | | 4. DATE OF DEATH (Month) 8 (Day) 7 (Year) 56 | | | |
| 5. SEX Fe | 6. COLOR OR RACE Wh | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 5-3-1874 | 9. AGE (In years last birthday) 82 | IF UNDER 1 YEAR Months _____ Days _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 11. BIRTHPLACE (City and State or Foreign Country) La Crosse, Wisconsin | | 12. CITIZEN OF WHAT COUNTRY? U.S.A | |
| 13a. FATHER'S NAME Henry Ritter | | 13b. MOTHER'S MAIDEN NAME Victoria Fisher | | 14. NAME OF HUSBAND OR WIFE Stany H. Stahoski | | |
| 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. 500-12-3409 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary E. Peret, Parkville, Mo. | | | |
| 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. | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c) Carcinoma of Gallbladder II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | INTERVAL BETWEEN ONSET AND DEATH 12 hours years 3 mo 155X |
| 19a. DATE OF OPERATION 7-1-56 | | 19b. MAJOR FINDINGS OF OPERATION as above | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT (Specify) SUICIDE: _____ HOMICIDE: _____ | | 21b. PLACE OF INJURY (e.g., in or about home; farm; factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | 21f. HOW DID INJURY OCCUR? | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | | |
| 22. I hereby certify that I attended the deceased from <u>1950</u> , 19 <u> </u> , to <u>8-7</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>8-7</u> , 19 <u>56</u> , and that death occurred at <u>5:30 Am.</u> , from the causes and on the date stated above. | | | | | | |
| 23a. SIGNATURE (Degree or title) John T. Skinner M.D. | | | 23b. ADDRESS 1102 Grand St. EMO | | 23c. DATE SIGNED 8-8-56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 8-9-56 | 24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery | | 24d. LOCATION (City, town, or county) (State) LaCrosse, Wisconsin | | |
| DATE REC'D BY LOCAL REG. 8-8-56 | | REGISTRAR'S SIGNATURE Neena Marshall | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Magner Funeral Home, K 6 Mo | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
John T. Skinner, M.D.

V1-2-7010

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 ME..... Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R. L. Hammond.....

Licensed Embalmer No. 3739

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.