

Health, Welfare, Public Service
 300
 1-56
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED OCT 3 1956

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

60183-56 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4140

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, give TOWNSHIP only) Kansas City			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Mary's			Length of stay in 1b Life		210 STREET ADDRESS 6603 E 18th St (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOSEPH Middle SOULIS Last SOULIS				4. DATE OF DEATH Month Sept Day 19 Year 1956			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept 7, 1956		9. AGE (In years last birthday) 12	IF UNDER 1 YEAR Months 12 Days 12 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Kansas City Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Constantine Soulis				14. MOTHER'S MAIDEN NAME Genevive Kulik			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Constantine Soulis 6603 E 18th St Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Prematurity (1lb 10ozs) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							INTERVAL BETWEEN ONSET AND DEATH 4 days 12 days 11635
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour 9:30 Month, Day, Year Sept 19, 1956 a. m. p. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from Sept 7, '56 to Sept 19, '56 and last saw him alive on Sept 19, '56 Death occurred at 9:30 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Roy F. Garrison M.D. (Print or Title)				22b. ADDRESS 424 Professional Bldg		22c. DATE SIGNED Sept 21, '56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept 21 1956	23c. NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery		23d. LOCATION (City, town, or county) Kansas City Missouri			(State)
24. FUNERAL DIRECTOR Sheil Funeral Home K C Missouri ADDRESS			25. DATE RECD. BY LOCAL REG. 9-22-56		26. REGISTRAR'S SIGNATURE Neva Minshall		

(Licensed Embalmer's Statement on Reverse Side)

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 *Thomas A. Sheil*.....

Licensed Embalmer No. *49*.....

P. O. Address *B. C. 2*.....

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