

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 24 1956

33858
STATE FILE NUMBER 4314

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sunnyside Nursing Home		Length of stay in lb 36 yrs	
3. NAME OF DECEASED (Type or print) Svetko		4. DATE OF DEATH 10-4-1956	
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 6-27-1895	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Taxtor		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (City and state or country) Czechoslovakia, Mo		12. CITIZEN OF WHAT COUNTRY? Czechoslovakia	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) None		16. SOCIAL SECURITY NO. 495-10-9824	
17. INFORMANT General Hospital		Address Kansas City Mo	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) 4500			INTERVAL BETWEEN ONSET AND DEATH 4 years 8 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
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 10:00 am Month, Day, Year 10-4-56			
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 9-29-56 to 10-4-56 and last saw her alive on 10-4-56 Death occurred at 10:00 am on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Frank Paul Laurenzana M.D.		22b. ADDRESS 428 S. White Ave	22c. DATE SIGNED 10-4-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct 6 1956	23c. NAME OF CEMETERY OR CREMATORY Mt Calvary Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City Kansas
24. FUNERAL DIRECTOR ADDRESS Panartino Bros KC Mo		25. DATE RECD. BY LOCAL REG. 10-6-56	26. REGISTRAR'S SIGNATURE Neva Minshell

(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Frank Paul Laurenzana M.D.

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 *Leonard C Panentus*

Licensed Embalmer No. *1658*

P. O. Address *K C M O*

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.