

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34273

STATE FILE NUMBER

FILED OCT 24 1956

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4237

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CLAY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN PARKVILLE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION		Length of stay in 1b 93 days	d. STREET ADDRESS Rt #4		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last FRANK (NONE) SUKNOT			4. DATE OF DEATH Month Day Year September 26, 1956		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH September 12, 1922	9. AGE (In years last birthday) 34 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) SIOUX CITY, IOWA	
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME JOE SUKNOT		
14. MOTHER'S MAIDEN NAME MARY MORRIS			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW II		
16. SOCIAL SECURITY NO. 497-12-8496			17. INFORMANT Address Official Records VA Hospital, K.C., 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) Uremia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Renal failure DUE TO (c) Chronic glomerulonephritis					INTERVAL BETWEEN ONSET AND DEATH 1 year 592X 6 years ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 -- a. m. 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. Attended the deceased from June 25, 1956 to Sept. 26, 1956 and last day of life on <u>Sept 26</u> Death occurred at <u>2:45</u> P. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J. A. TURNER, M.D.			22b. ADDRESS 4801 Linwood Blvd Kansas City, Mo.		22c. DATE SIGNED 9/27/56
23a. BURIAL-CREATION (Specify) Burial		23b. DATE Oct 1 - 1956	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.		23d. LOCATION (City, town, or county) (State) Mission Kansas
24. FUNERAL DIRECTOR D. W. Newcomer 505 N. K.C.		ADDRESS	25. DATE RECD. BY LOCAL REG. 9-28-56		26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service
000-56
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

MEDICAL CERTIFICATION

MAY 2 1961

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 *John H. Kalsbeek*

Licensed Embalmer No. *4*

P. O. Address *No. 1*

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