

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38159

STATE FILE NUMBER

FILED DEC 7 - 1956

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4860

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) OR TOWN Kansas City			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hosp.			Length of stay in 41 yrs.		d. STREET ADDRESS 4038 Tracy		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Anna Middle - Last Michal				4. DATE OF DEATH Month Nov. Day 9 Year 1956			
5. SEX female	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 10-16-1882		9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired coat finisher		10b. KIND OF BUSINESS OR INDUSTRY Garment Co.		11. BIRTHPLACE (City and state or country) Chicago, Ill.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Jacob Drunecky				14. MOTHER'S MAIDEN NAME Anna Horsis			
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. 496-03-1754		17. INFORMANT John Michal, Address 4038 Tracy, Kansas City			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolism Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Fracture, neck of femur, rt 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 1 hour 19 days ca 40
20a. ACCIDENT <input checked="" 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.) Pt fell in basement of home fracturing neck of femur rt.						
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ p. m. Oct 21 '56							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION Kansas City, Jackson, Mo.		20g. COUNTY Jackson STATE Mo.	
21. I attended the deceased from 10-21 -56 to 11-9 -56 and last saw her alive on 11-9-56 Death occurred at 8p. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Paul W. Meyer M.D.				22b. ADDRESS 4312 J. C. Nichols Pkwy		22c. DATE SIGNED 11-9-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 11-12-56	23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah		23d. LOCATION (City, town, or county) (State) Kansas City, Mo.		
24. FUNERAL DIRECTOR D.W. Newcomer's Sons ADDRESS 1331 Brush Creek			25. DATE RECD. BY LOCAL REG. 11-10-56		26. REGISTRAR'S SIGNATURE neva mirshall		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Paul W. Meyer

MEDICAL CERTIFICATION

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

WRITE PLAINLY—USING UNFADING BLACK INK

Enter only one cause per line for (a), (b), and (c).		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Posterior Comorancy infection</u>		18. INTER-URINARY DEATH <u>1 hr</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
		DUE TO (b) <u>None</u>		
		DUE TO (c) <u>Fracture neck of femur - rt</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>22 Oct 56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Fracture neck of femur - rt.</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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>new</u>
22. I hereby certify that I attended the deceased from <u>10-21</u> , 19 <u>56</u> , to <u>11-9</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>11-9</u> , 19 <u>56</u> , and that death occurred at <u>8²⁵ p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Paul W. Meyer M.D.</u>		23b. ADDRESS <u>4312 J. C. Nichols Pkwy</u>		23c. DATE SIGNED <u>11-9-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov. 12, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH CEMETERY</u>
		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>11-10-56</u>		REGISTRAR'S SIGNATURE <u>Nevar Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D.W. NEWCOMER'S SONS, 1331. OAK CREEK KANSAS CITY, MISSOURI</u>

Paul W. Meyer

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..... *Rollie Kessel*

Licensed Embalmer No. *4690*

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.