

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41562

STATE FILE NUMBER

FILED JAN 14 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5488

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY: <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> | | c. CITY OR TOWN <u>Kansas City</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Trinity Luthern Hosp.</u> | | d. STREET ADDRESS <u>3341 Spruce</u> | |
| Length of stay in hospital <u>10 yrs</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>VICTOR</u> Middle <u>A.</u> Last <u>KAUZLARICH</u> | | | 4. DATE OF DEATH Month <u>Dec.</u> Day <u>17,</u> Year <u>1956</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>March 23, 1918</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auditor</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Sears Roebuck</u> | 11. BIRTHPLACE (City and state or country) <u>Connellsville, Mo.</u> |
| 13. FATHER'S NAME <u>Vance Kauzlarich</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW II</u> | | 16. SOCIAL SECURITY NO. <u>499-05-7079</u> | 17. INFORMANT <u>Josephine Kauzlarich, 3341 Spruce</u> |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a); (b); and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ENDO CARDIAL FIBROELASTOSIS</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs -</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>myocardial fibrosis, cause undetermined</u> | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| DUE TO (c) <u>Broncho pneumonia - Right Lower Lobe</u> | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Broncho pneumonia - Right Lower Lobe</u> | | | |
| 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 _____ Month _____ Day _____ Year _____ 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. I attended the deceased from <u>Nov 21 1956</u> to <u>Dec 17 1956</u> and last saw her/him alive on <u>Dec 16 1956</u> . Death occurred at <u>6:15 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Edw. H. Fischer</u> (Degree or title) | | 22b. ADDRESS <u>306 E 21st North Kansas City</u> | 22c. DATE SIGNED <u>12-18-56</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>12-19-1956</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Hickman Mills, Missouri</u> |
| 24. FUNERAL DIRECTOR <u>Mellody-McGilley-Eylar</u> | | 25. DATE RECD. BY LOCAL REG. <u>12-18-56</u> | 26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u> |

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. 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

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North
Kansas
City

Dr. Ed. W. ...
← 306 E. 21st Ave.
Ba 1-2740
2-5100 PM Tue

JAN 24 1945

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *James W. Wain*

Licensed Embalmer No. 46

P. O. Address K. C.

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