

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31787
STATE FILE NUMBER
4432
Registrar's No.

FILED OCT 9 1957

Registration District No. 149 Primary Registration District No. 1002

300
-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Johnson	
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 Warrensburg Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital		d. STREET ADDRESS (If outside, give location) 211 E. Culton St., Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First STEVE Middle COUTRAKON Last COUTRAKON		4. DATE OF DEATH Month Sept. Day 24, Year 1957	
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 11-3-87
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 68-69 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) Sparta, Greece		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Coutrakon		13b. MOTHER'S MAIDEN NAME Georgia Santhuly	
14. NAME OF HUSBAND OR WIFE Effie Coutrakon			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) Yes (If yes, give war and date of service)		16. SOCIAL SECURITY NO. 332 01 6352	
17. INFORMANT VA Hospital Official Records		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) Hypertension of lesser circulation with cardiac failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronic pulmonary emphysema 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 11 years 5271
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ 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 VA COUNTY STATE			
21. Attended the deceased from Sept 17, 1957 to Sept 24, 1957 Death occurred at 6:10 a. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. Andrews, M.D.		22b. ADDRESS VA Hospital, Kansas City, Mo.	
22c. DATE SIGNED 9-24-57			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 26 SEP 57	
23c. NAME OF CEMETERY OR CREMATORY SUNSET Hill		23d. LOCATION (City, town, or county) (State) WARRENSBURG, MO.	
24. FUNERAL DIRECTOR Sweeney Phillips, WARRENSBURG, MO.		25. DATE RECD. BY LOCAL REG. 9-24-57	
26. REGISTRAR'S SIGNATURE neva munsell			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.



OCT 17 1957

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 P. Rodgers

Licensed Embalmer No. 4963 P. O. Address Warrensburg

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.