

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 3 1958

1343

STATE FILE NUMBER

40

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 Missouri b. COUNTY Jackson	
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 Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osteopathic Hosp		Length of stay in 1b ✓ 47 yrs	d. STREET ADDRESS (If outside, give location) 2031 Hazel
			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First PETRONELA Middle _____ Last MELKOWSKY			4. DATE OF DEATH Month January Day 2 Year 1958		
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 January 17 1883		9. AGE (In years last birthday) 74
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Russia		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Dolensky		13b. MOTHER'S MAIDEN NAME No Record	14. NAME OF HUSBAND OR WIFE Anthony Melowsky		
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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. None	17. INFORMANT Anthony Melowsky Address 2031 Hazel Kansas City Mo		
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intracerebral Hemorrhage.			INTERVAL BETWEEN ONSET AND DEATH 20 days. 3-4 years. 6-8 years.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerosis & Cardiac hypertrophy		
	DUE TO (c) Hypertension		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 351			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 <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 Kansas City		COUNTY Missouri	STATE
21. I attended the deceased from Oct 1955 to Jan 2 1958 and last saw her alive on Jan 1, 1958 Death occurred at 6:10 P. m on the date stated above; and to the best of my knowledge, from the causes stated.						

22a. SIGNATURE R H Boyd, Jr. (Degree or title) MD		22b. ADDRESS 9529 Truman Road, Independence	22c. DATE SIGNED Jan 4, 1958
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan 7 1958	23c. NAME OF CEMETERY OR CREMATORY St Mary's Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City Missouri
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24. FUNERAL DIRECTOR Sheil Funeral Home Kansas City Mo	25. DATE RECD. BY LOCAL REG. 1-4-58	26. REGISTRAR'S SIGNATURE Heva Marshall
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R. H. Boyd, Jr. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

All diseases in Part I must be causally related. Doctor, laborer, etc. must use only standard nomenclature in Part I. No symptoms may be recorded.



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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 *Harold P. Reiser*

Licensed Embalmer No. *4998*
P. O. Address *X E 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.