

THE DIVISION OF HEALTH OF MISSOURI 15975-88  
STANDARD CERTIFICATE OF DEATH

58-005616  
State File No. ....

991

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

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, write RURAL and give town(ship)) <u>KANSAS CITY</u>	c. LENGTH OF STAY (In this place) <u>10 hrs</u>	c. CITY OR TOWN <u>KANSAS CITY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LUKE'S HOSP</u>		STREET ADDRESS (If rural, give location) <u>7242 WAYNE</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>RANDY</u> b. (Middle) <u>EARL</u> c. (Last) <u>JABLONSKI</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2/22/58</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED (NEVER MARRIED) WIDOWED, DIVORCED (Specify) <u>—</u>	8. DATE OF BIRTH <u>2/22/58</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>working life</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY, MO</u>
12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>RONALD WILLIAM JABLONSKI</u>	13b. MOTHER'S MAIDEN NAME <u>GENEVA MAE BAY</u>	14. NAME OF HUSBAND OR WIFE <u>—</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>—</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>GENEVA MAE JABLONSKI</u>
		ADDRESS <u>7242 WAYNE</u> R.C. No. <u>—</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anencephalic infant</u>		
ANTECEDENT CAUSES		DUE TO (b) <u>Congenital anomaly.</u>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		750X	
Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>—</u>	19b. MAJOR FINDINGS OF OPERATION <u>—</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?

22. I hereby certify that I attended the deceased from Feb 22, 1958, to Feb 22, 1958, that I last saw the deceased alive on Feb 22, 1958, and that death occurred at 2:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph C. Williams</u>	(Degree or title) <u>MO.</u>	23b. ADDRESS <u>425 E 63rd</u>	23c. DATE SIGNED <u>2/21/58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 23-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I. O. O. F.</u>	24d. LOCATION (City, town, or county) (State) <u>Holden city MO</u>
DATE REC'D BY LOCAL REG. <u>2-24-58</u>	REGISTRAR'S SIGNATURE <u>neva minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wagner Funeral Home</u>	ADDRESS <u>R. C. Williams</u>

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD Joseph C. Williams



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 was not embalmed, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Alvin R. Haunack

Licensed Embalmer No. 415

P. O. Address B. C.

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.