

Health,
Welfare
Public
Service

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FILED APR 9 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010032
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1553

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO 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"/>	38 CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 531 Grand In Road		Length of stay in lb 3 yrs	d. STREET ADDRESS (If outside, give location) 408 E 9th St Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Frank Kovalchick		First Middle Last	4. DATE OF DEATH Month Day Year 3-23-58
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 7-10-1921
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rail Road Laborer		10b. KIND OF BUSINESS OR INDUSTRY —	9. AGE (In years last birthday) 36 IF UNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) Penn		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles Kovalchick		13b. MOTHER'S MAIDEN NAME Helen Mucha	14. NAME OF HUSBAND OR WIFE —
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. 179-16-3332	17. INFORMANT Helen Kovalchick Address Tunkhannock Penn.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock & Lemanick's resuscitation DUE TO (b) from multiple lacerations of head DUE TO (c) + Subclaval Lemanick's Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 89 min
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) apparently from multiple blows to head	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 3-23-58		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Public Hall		20f. CITY, TOWN, OR LOCATION COUNTY STATE Kansas City Jackson MO	
21. I attended the deceased from _____, to _____, and last saw him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) JWC Sealby M Deputy Coroner		22b. ADDRESS 6627 Parkside Blvd	22c. DATE SIGNED 3-24-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-25-58	23c. NAME OF CEMETERY OR CREMATORY Mt Carmel Cemetery	23d. LOCATION (City, town, or county) (State) Tunkhannock Penn
24. FUNERAL DIRECTOR Passantino Bros		ADDRESS KC MO	25. DATE RECD. BY LOCAL REG. 3-25-58
26. REGISTRAR'S SIGNATURE Neve Marshall			

Geo. C. Kealhofer USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.



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 *Samuel Savantino*

Licensed Embalmer No. *4554*
P. O. Address *KC 710*

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.