

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-016642

STATE FILE NUMBER

FILED APR 18 1958

318

1003

3207

Registration District No. .... Primary Registration District No. .... Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>Missouri</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>KANSAS</u> b. COUNTY <u>18150</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST LOUIS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>KANSAS CITY.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Missouri Pac Hosp</u>		Length of stay in lb <u>111 DAYS</u>	d. STREET ADDRESS <u>435 SPRUCE ST</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>ANTHONY PHILLIP YURKOVICH</u>			4. DATE OF DEATH Month <u>3</u> Day <u>21</u> Year <u>58</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>4/27/1902</u>	9. AGE (In years last birthday) <u>55</u> IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TRACKMAN -</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Missouri Pacific R.R.</u>		11. BIRTHPLACE (City and state or country) <u>Yugoslavia</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13. FATHER'S NAME <u>Anthony Yurkovich</u>		
14. MOTHER'S MAIDEN NAME <u>Unknown</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		
16. SOCIAL SECURITY NO. <u>none</u>			17. INFORMANT <u>Susie Yurkovich (wife)</u> Address <u>435 Spruce St. Kansas City Kansas</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>BRONCHOPNEUMONIA</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 WK</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) <u>METASTATIC CA.</u>					<u>68 MO</u>
DUE TO (c) <u>LUNG CANCER.</u>					<u>1 yr</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>163x</u>					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 _____ 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 30/57</u> <u>March 21/58</u> and I saw him alive on <u>March 21/58</u> Death occurred at <u>10:15 am 3/21/58</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Edward J Jordan MD</u>			22b. ADDRESS <u>Missouri Pacific Hosp.</u>		22c. DATE SIGNED <u>22 March 1958</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		23b. DATE <u>3-24-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>
24 FUNERAL DIRECTOR <u>Shradaki - Stino F. H. Kansas City, Mo</u>			25. DATE RECD. BY LOCAL REG. <u>MAR 24 '58</u>		26. REGISTRAR'S SIGNATURE <u>J. C. Smith MD</u>

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAR 11 1959

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 *Jose E. McCulla*

Licensed Embalmer No. *249*

P. O. Address *6175 De*

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