

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH58-018062
STATE FILE NUMBER
2292

FILED MAY 29 1958

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 Kansas b. COUNTY Wyandotte	
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 <i>5/50</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp.		Length of stay in 1b 2 weeks	d. STREET ADDRESS (If outside, give location) 272 N. 6th Street
3. NAME OF DECEASED (Type or print) First ROSE Middle M. Last CALOVICH		4. DATE OF DEATH Month May Day 3 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 17, 1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Yugoslavia 8
13a. FATHER'S NAME Joseph Borkovich		13b. MOTHER'S MAIDEN NAME Mary Munjak	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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. 514-03-0762	17. INFORMANT Address Robert Calovich, K. C. K.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Arrest			INTERVAL BETWEEN ONSET AND DEATH Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pulmonary Air Embolism			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUE TO (c) Retroperitoneal Air Infiltration for a small thrombus			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Malignant Hypertension			Diagnostic procedure not found
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.) 46	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20f. CITY, TOWN, OR LOCATION 123 COUNTY STATE	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from April 28, 1958 to May 3, 1958 and last saw her alive on May 3, 1958 Death occurred at 12:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James F. O'Malley M.D. (Degree or title)		22b. ADDRESS 4706 Broadway	
22c. DATE SIGNED 5/5/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3-3-1958	23c. NAME OF CEMETERY OR CREMATORY Mt. Calvary
23d. LOCATION (City, town, or county) Kansas City, Kansas			
24. FUNERAL DIRECTOR Matt Skradski Skradski-Stine F. H.		ADDRESS K.C.K.	25. DATE RECD. BY LOCAL REG. 5-6-58
26. REGISTRAR'S SIGNATURE Neva Minshell			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

James F. O'Malley

All diseases in Part I must be causally related.

Security, however, etc., must use only standard nomenclature in item 18. No symptoms will be listed.

1-4-79

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 *Maik Stradek*

Licensed Embalmer No. *4382*

P. O. Address *Law City Road*

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.