

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-032902

STATE FILE NUMBER 4312

FILED OCT 1 1958

Registration District No. 149 Primary Registration District No. 1002

Registrar's No.

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3840 Myrtle</b>		Length of stay in 1b <b>33 yrs</b>	d. STREET ADDRESS (If outside, give location) <b>3840 Myrtle</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>JOSEPHINE L. PANEK</b>			4. DATE OF DEATH Month Day Year <b>Sept. 8, 1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>6-13-1904</b>
9. AGE (In years last birthday) <b>54</b>		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) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Hardin Co., Kentucky</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13a. FATHER'S NAME <b>Frank Fultz</b>	13b. MOTHER'S MAIDEN NAME <b>Ellen McCubben</b>
14. NAME OF HUSBAND OR WIFE <b>Louis J. Panek</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>496-16-1714</b>
17. INFORMANT Address <b>Louis J. Panek, 3840 Myrtle</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary occlusion -</b> DUE TO (b) <b>arteriosclerotic heart disease</b> DUE TO (c) <b>480</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Not related to the terminal disease condition given in PART I (a)) <b>Severe rheumatoid arthritis -</b>	
19. INTERVAL BETWEEN ONSET AND DEATH <b>480</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 COUNTY STATE	
21. I attended the deceased from <b>4/30/53</b> to <b>9-8-1958</b> and last saw her/him alive on <b>9/5/58</b> Death occurred at <b>4:30 AM</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>James E. Griffin Jr.</b> (Degree or title)		22b. ADDRESS <b>3900 Paseo KEMO</b>	
22c. DATE SIGNED <b>9/8/58</b>		23a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>9-9-58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Green Lawn Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Kansas City, Missouri</b>		23e. (Step 6)	
24. FUNERAL DIRECTOR <b>Mellody-McGilley-Eylar Funeral Home</b> ADDRESS <b>Woodland-Linwood</b>		25. DATE RECD. BY LOCAL REG. <b>9-9-58</b>	
26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>			

All diseases in Part I must be causally related.

James E. Griffin Jr. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

W. J. E. Duffen, Jr.  
3900 Vasco  
So 1-4650  
2-730PM

MAY 1 1963

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 *Melvin Bartson* .....

Licensed Embalmer No. *4903*  
P. O. Address *KCMO*

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.