

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036512
STATE FILE NUMBER

64 661-58

FILED OCT 14 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4585

5. 300
1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri 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"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Conley Maternity Hospital, Life		Length of stay in Life	d. STREET ADDRESS (If outside, give location) 1211 E. 80th Terrace Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First MARY	Middle LOU	Last MILAKOVICH	Month 7	Day 30	Year 58

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7/29/58	9. AGE (In years last birthday)	10. F UNDER 1 YEAR Months 10 Days 0	11. IF UNDER 24 HRS. Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Kansas City Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Peter B. Milakovich	13b. MOTHER'S MAIDEN NAME Sally O. Fowler	14. NAME OF HUSBAND OR WIFE none
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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. none	17. INFORMANT Sally Milakovich Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 7/25
IMMEDIATE CAUSE (a) Anoxia		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Atelectasis	DUE TO (c) Prematurity	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? 1 YES NO <input 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.)
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20c. TIME OF INJURY Hour 6:00 a.m. Month, Day, Year 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
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21. I attended the deceased from 7/29/58 to 7/30/58 and last saw ^{him} alive on 7/30/58 Death occurred at 6:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Samuel Salzman DO (Doctor or title)	22b. ADDRESS 208 Scarritt Arcade Bldg., K. C., Mo.	22c. DATE SIGNED
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 7/30/58	23c. NAME OF CEMETERY OR CREMATORY K. C. College of Osteopathy	23d. LOCATION (City, town, or county) (State) 2105 Independence Ave., K. C., Mo.
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24. FUNERAL DIRECTOR Conley Maternity Hosp.	ADDRESS K.C. Mo.	25. DATE RECD. BY LOCAL REG. 9-29-58	26. REGISTRAR'S SIGNATURE new minshall
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Samuel J. Salzman

45-85

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

Licensed Embalmer No.....

P. O. Address.....

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.