Health, Welfare Public Service

300 0 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001616

STATE FILE NUMBER

FILED JAN 20 1959 Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 28

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 OR TOWN Independence, Missouri — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Kansas City 3038 0 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Independence Hosp. — Length of stay in 1b 2½ hrs.	d. STREET ADDRESS (If outside, give location) 335 Forest — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First	Middle	Last	4. DATE OF DEATH Month	Day	Year
Nicholas	K	Pappas	January	16	1959

5. SEX	6. COLOR OR RACE	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male 0	White		Sept. 21, 1900	58				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY?
Chef	Restaurant	Island of Cyprus	USA

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
George Pappas	Mary (Unknown)	Mary Elizabeth Pappas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Address
NO		561-03-3753	Mrs. Mary E. Pappas	335 Forest, K. C. Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 & Hemorrhage resulting

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) from Ruptured Spleen, Ruptured Liver &

DUE TO (c) Fracture of both thighs

INTERVAL BETWEEN ONSET AND DEATH

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? YES [X] NO [ ]

20a. ACCIDENT	SUICIDE	HOMICIDE	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)
[X]	[ ]	[ ]	Was struck by a truck

20c. TIME OF INJURY	Hour a.m. p.m.	Month, Day, Year
		1-16-59

20d. INJURY OCCURRED WHILE AT WORK	NOT WHILE AT WORK	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
[ ]	[X]	Highway	Independence	Jackson	Mo

21. I attended the deceased from _____, to _____ and last saw her/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)	22b. ADDRESS	22c. DATE SIGNED
Fred C Kearby Jr Deputy Coroner		6627 Prospect K C Mo	1-16-59

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	1-19-59	St. Mary's Cemetery	Kansas City, Missouri

24. FUNERAL DIRECTOR	ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
Mellody-McGilley-Eylar	20 West Linwood K. C. Mo.	1-19-59	James L Craig

(Licensed Embalmer's Statement on Reverse Side)

Doctor, Coroner, etc. must use only statutory nomenclature in item 18. No symptoms or mode of dying.

All diseases in Part I must be causally related.

MAR 20 1959

MAY 27 1959

JAN 22 JAN 22 19

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 John A. [illegible]

Licensed Embalmer No. 5025

P. O. Address [illegible] MO

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.