Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004593
STATE FILE NUMBER

FILED MAR 2 1959 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 211

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St. Joseph — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Mo. Meth. Hosp. — Length of stay in 1b: life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission.)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 309 S. 19th St. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: LEO Middle: JOSEPH Last: KENDZORA

4. DATE OF DEATH Month Day Year: Feb. 22, 1959

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Sept. 12, 1907

9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): traffic manager

10b. KIND OF BUSINESS OR INDUSTRY: Truck Line

11. BIRTHPLACE (City and state or country): St. Joseph, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Joseph Kendzora

13b. MOTHER'S MAIDEN NAME: Anna Stella Maslinski

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ———

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT: Miss Lorraine F. Heaton, Address: 309 S. 19th, St. Joseph, Mo.

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): Hepatic insufficiency — INTERVAL BETWEEN ONSET AND DEATH: months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Laennec's cirrhosis of liver — ?
DUE TO (c): 5811
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Hypertensive Cardiovascular disease; Delerium tremens

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

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. Month, Day, Year

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

21. I attended the deceased from 3/11/57, to 2/23/59 and last saw her/him alive on 2/23/59
Death occurred at 4:35p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Caryl A. Potter Jr. M.D.
22b. ADDRESS: Phy.&Surg. Bldg.-St.Joseph,Mo.
22c. DATE SIGNED: 2/24/59

All diseases in Part I must be causally related.
Dr. Caryl A. Potter
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 2/26/1959
23c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
23d. LOCATION (City, town, or county) (State): St. Joseph Mo.

24. FUNERAL DIRECTOR: Heaton-Bowman — **ADDRESS:** St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: Feb. 26, 1959
26. REGISTRAR'S SIGNATURE: Mrs Clark Hodell

(Licensed Embalmer's Statement on Reverse Side)

MAR 9 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 William Spalding

Licensed Embalmer No. 4535

P. O. Address St Joseph, 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.