

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009611

STATE FILE NUMBER  
1536

FILED APR 8 1959

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 1536

300  
-57 0

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 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 Gen. Hospital		Length of stay in 1b 8 yrs.	d. STREET ADDRESS (If outside, give location) 2020 main		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type of unit) First Middle Last Brot (MIKE) (POCKER) Pukala			4. DATE OF DEATH Month Day Year 3 22 59		
5. SEX male	6. COLOR OR RACE white	MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1893	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Asbestos Worker		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Perhezka, Poland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Franciszak Pukala		13b. MOTHER'S MAIDEN NAME Katarzyna Beres		14. NAME OF HUSBAND OR WIFE None	
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. Unk.	17. INFORMANT Josef Pukala 77 Water St. N. J.		
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 secondary to blood loss, hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) etiology unknown DUE TO (c) 4:45 p.m.					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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <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 3-21-59 to 3-22-59 and last saw him alive on 3-22-59 Death occurred at 4:45 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Abraham Gelpert (Degree or title) 0			22b. ADDRESS Gen. Hospital		22c. DATE SIGNED 3-23-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3-25-59	23c. NAME OF CEMETERY OR CREMATORY Mt. Calvary		23d. LOCATION (City, town, or county) (State) Kansas City, Mo.
24. FUNERAL DIRECTOR D. E. Weiser		ADDRESS KC 8, Mo.	25. DATE RECD. BY LOCAL REG. 3-24-59	26. REGISTRAR'S SIGNATURE Reva Marshall	

MEDICAL CERTIFICATION  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.  
Abraham Gelpert in M. D.



VS OCT 3 1960

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 B. E. Weikel

Licensed Embalmer No. 4075  
P. O. Address. 1508 7th

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.