

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009649
STATE FILE NUMBER
1554

300

-57

File APR 8 1959 Registration District No. 149 Primary Registration District No. 1001 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO</i> b. COUNTY <i>Jackson</i>	
b. CITY OR TOWN <i>Kansas City</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas City</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>918 Locust</i>		Length of stay in lb <i>45 yrs</i>	d. STREET ADDRESS (If outside, give location) <i>918 Locust</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>THOMAS JOHN SEREMETY</i>			4. DATE OF DEATH Month Day Year <i>3-20-1959</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>1884</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10b. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (In years, months, days) <i>74</i> IF UNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) <i>Greece</i>		12. CITIZEN OF WHAT COUNTRY? <i>? UNK</i>	
13a. FATHER'S NAME <i>JOHN SEREMETY</i>		13b. MOTHER'S MAIDEN NAME <i>UNK</i>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, enter unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>UNK.</i>	17. INFORMANT Address <i>Nickolas Challeges Minn. Minn.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Occlusion</i>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Anterior MI</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)	
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 _____, 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) <i>Hugh H. Owens Coroner</i>		22b. ADDRESS <i>1034 Rioalto Blvd</i>	22c. DATE SIGNED <i>3-21-59</i>
23a. BURNAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>3-25-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cem</i>	23d. LOCATION (City, town or county) (State) <i>Kansas City, MO</i>
24. FUNERAL DIRECTOR ADDRESS <i>Kassenteno Bros KC MO</i>		25. DATE RECD. BY LOCAL REG. <i>3-25-59</i>	26. REGISTRAR'S SIGNATURE <i>Neve Marshall</i>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Hugh H. Owens



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 *Leonard Passantino*

Licensed Embalmer No. *4554*
P. O. Address *Ke 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.