THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-017792

STATE FILE NUMBER

FILED MAY 21 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2099

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN: Kansas City — Inside Limits: Yes # No
c. FULL NAME OF HOSPITAL OR INSTITUTION: Osteopathic Hospital — Length of stay in Hospital: 50 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes # No
d. STREET ADDRESS (If outside, give location): 1311 College — Reside on Farm: Yes No #

3. NAME OF DECEASED (Type or print): First: Samuel Middle: H. Last: Karakas

4. DATE OF DEATH Month: April Day: 25 Year: 1959

5. SEX: Male

6. COLOR OR RACE: Greek

7. MARRIED: # NEVER MARRIED: WIDOWED: DIVORCED:

8. DATE OF BIRTH: May 1880

9. AGE (In years last birthday): 78 yrs. 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): Realtor

10b. KIND OF BUSINESS OR INDUSTRY: Real Estate D.

11. BIRTHPLACE (City and state or country): Greece G

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Harry Karakas

13b. MOTHER'S MAIDEN NAME: Sophia Paiaskevopoulos

14. NAME OF HUSBAND OR WIFE: Lillie Edith Karakas (Same)

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.: none

17. INFORMANT: Lillie E. Karakas Address: 1311 College

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) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Malnutrition & Anemia — weeks.

DUE TO (c) Chronic nephrosclerosis — unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes Mellitus 446X

19. WAS AUTOPSY PERFORMED? YES ✓ NO

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 April 23, 1959, to April 25 1959 and last saw ~~her~~ him alive on April 25, 1959. Death occurred at 9:40 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Werner J. Ames (Degree or title) MD

22b. ADDRESS 926 E. 11th KC. Mo.

22c. DATE SIGNED 4-27-59

23a. BURIAL, CREMATION, REMOVAL Cremation

23b. DATE 4/28/59

23c. NAME OF CEMETERY OR CREMATORY D.W. Newcomers

23d. LOCATION (City, town, or county) Kansas City (State) Mo.

24. FUNERAL DIRECTOR Stine & McClure ADDRESS K.C.Mo.

25. DATE RECD. BY LOCAL REG. 4-27-59

26. REGISTRAR'S SIGNATURE Neva Marshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be carefully reported.

Werner J. Ames

Room need till 4:30 p.m.

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 ..... Signed Thomas A. Kohler
Signature of Student Embalmer

Licensed Embalmer No. 4995

P. O. Address 15 C., Mn.

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.