

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017803

FILED MAY 29 1959

Registration District No. 149 Primary Registration District No. 1002 STATE FILE NUMBER
Registrars No. 2288

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph Hosp</u>		Length of stay in 1b <u>46 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>420 Spruce</u>
3. NAME OF DECEASED (Type or print) First <u>Walter</u> Middle <u>Kobzdey</u> Last <u>Kobzdey</u>		4. DATE OF DEATH Month <u>5</u> Day <u>5</u> Year <u>1959</u>	

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>2-8-1894</u>	9. AGE (In years, months, days) <u>65</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Machinist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Sheet Metal</u>		11. BIRTHPLACE (City and state or country) <u>Poland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Joseph Kobzdey</u>		13b. MOTHER'S MAIDEN NAME <u>Maretha Solombeska</u>		14. NAME OF HUSBAND OR WIFE <u>Helen Kobzdey</u>	
15. WAS DECEASED EVER IN U. S. ARMED SERVICES (Yes, no, or both) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-10-2376</u>		17. INFORMANT <u>Helen Kobzdey</u>	
				Address <u>420 Spruce</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive Heart Failure</u>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <u>Arteriosclerosis Heart Disease</u>		
DUE TO (c) <u>4200</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes Mellitus, Uræmia</u>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <u>7:45</u> a.m. <u>AM</u> Month, Day, Year		

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 <u>KC Mo</u>	COUNTY	STATE
21. I attended the deceased from <u>Feb 9 1959</u> to <u>5/5/59</u> and last saw him alive on <u>5/4/59</u> Death occurred at <u>St Joseph Hosp</u> <u>7:45 AM</u> date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Dee or time) <u>Paul A. Johnson MD</u>	22b. ADDRESS <u>511 E. Enders Ave.</u>	22c. DATE SIGNED <u>5/6/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-8-59</u>	23c. NAME OF CEMETERY OR CREMATORIUM <u>Mt Olivet Cem</u>	23d. LOCATION (City, town, county) (State) <u>KC Mo</u>
24. FUNERAL DIRECTOR <u>John B. Loggins</u>		25. DATE REC'D. BY LOCAL REG. <u>5-7-59</u>	26. REGISTRAR'S SIGNATURE <u>neva minshall</u>

Paul A. G. Johnson ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.

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DATE-10-12-11

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 *[Signature]*

Licensed Embalmer No. *4273*

P. O. Address *KC 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.