

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025068

FILED VS. JUL 31 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3440

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY CLAY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 2 1/2 Days		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Luthern Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3523 N. Belfountain	
3. NAME OF DECEASED (Type or print) First DOROTHY Middle CZEKANSKI Last				4. DATE OF DEATH Month JULY Day 12 Year 1959			
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/7/1913	9. AGE (last birthday) 46	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Instructor		10b. KIND OF BUSINESS OR INDUSTRY Pachter Garment CO		11. BIRTHPLACE (City and state or country) COLLINSVILLE, ILL		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME JOSEPH SCHILLER			13b. MOTHER'S MAIDEN NAME AMELIA DIERFERT		14. NAME OF HUSBAND OR WIFE MARION CZEKANSKI		
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. 350.03.6759		17. INFORMANT Address MARION CZEKANSKI, 3523, N. Belfountain		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bacterial Pneumonia						INTERVAL BETWEEN ONSET AND DEATH 24 hrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) Carcinoma Liver + Metastatic 1 mo	
DUE TO (c) Carcinoma L. Breast						8 mo.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 a.m. p.m.		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		COUNTY	STATE
21. I attended the deceased from Nov. 1958 to July 1959 and last saw her/him alive on July 12, 1959 Death occurred at 5:55 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Carl H. Knox M.D. (Degree or title)				22b. ADDRESS 1200 Rio Alto Bldg - K.C. Mo		22c. DATE SIGNED 7-13-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 7/14/1959		23c. NAME OF CEMETERY OR CREMATORY FAIRYLAND CEMETERY		23d. LOCATION (City, town, or county) (State) MARYVILLE, ILL.	
24. FUNERAL DIRECTOR ADDRESS D.W. NEWCOMERS SONS, NO. KANSAS CITY, 16 MO				25. DATE RECD. BY LOCAL REG. 7-14-59		26. REGISTRAR'S SIGNATURE Alva Marshall	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

R. Knox

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John V. Herrick Jr.
Licensed Embalmer No. 41848

P. O. Address Kelby, 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.