

FILED VS AUG 1 0 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-025120

STATE FILE NUMBER

3568

Registration District No. 149 Primary Registration District No. 602

Registrar's No.

S. 300
v. 1-57

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) 4 OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR NURSING INSTITUTION Heartstone Nurs. Home 708 Garfield			Length of stay in lb mos. 8 mos.	d. STREET ADDRESS (If outside, give location) 3200 Sterling		
3. NAME OF DECEASED (Type or print) First Middle Last MAGGIE FRATZEL			4. DATE OF DEATH Month Day Year July 21, 1959			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 11-23-1872	9. AGE (In years last birthday) 86 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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Yugoslavia #2		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Paul Sebel		13b. MOTHER'S MAIDEN NAME Barbara Bradic		14. NAME OF HUSBAND OR WIFE Stanko Fratzel		
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. None	17. INFORMANT Address Mrs. Mildred Graves, Independence, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory & Cardiac failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypostatic Pneumonia DUE TO (c) Fractured Hips - 733X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) nephrosis - & Osteo porosis -					INTERVAL BETWEEN ONSET AND DEATH 7-21-59 7-21-59 6-18-59	
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.) While patient was being moved in bed.				
20c. TIME OF INJURY Hour Month, Day, Year a.m. 6-18-59 p.m.						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) nursing home	20f. CITY, TOWN, OR LOCATION K.C.		COUNTY MO. STATE Jackson	
21. I attended the deceased from 1958 to 7-21-59 and last saw her alive on 7-21-59. 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) Charles S. Fazio, D.O.			22b. ADDRESS 2431A Independence		22c. DATE SIGNED 7-23-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7-21-1959	23c. NAME OF CEMETERY OR CREMATORY Mt. Calvary		23d. LOCATION (City, town, or county) (State) Kansas City, Kansas	
24. FUNERAL DIRECTOR Skradski - Stine F. H. Matt Skradski		ADDRESS K.C.K	25. DATE RECD. BY LOCAL REG. 7-23-59	26. REGISTRAR'S SIGNATURE Neva Minahill		

Charles S. Fazio USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Mat Shredski*

Licensed Embalmer No. *4382*

P. O. Address *R.C.K.*

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.