

FILED VS NOV 10 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5118 STATE FILE NUMBER

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>		Length of stay in 1b <u>5 yrs</u>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>214 Garfield</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>214 Garfield</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>FRANK J.</u> Middle <u>HILLS</u> Last				4. DATE OF DEATH Month <u>10</u> Day <u>22</u> Year <u>1959</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>3-4-1868</u>		9. AGE (last birthday) <u>91</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>—————</u>				11. BIRTHPLACE (City and state or country) <u>Marengo, Ill</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
13a. FATHER'S NAME <u>Martin S Hills</u>				13b. MOTHER'S MAIDEN NAME <u>Sarriet De Groat</u>				14. NAME OF HUSBAND OR WIFE <u>—————</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Mrs F. Machovec KC MO.</u> Address							
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>Lobar pneumonia and uremia.</u> Interval BETWEEN ONSET AND DEATH <u>Hours</u> DUE TO (b) <u>Renal insufficiency</u> <u>years</u> DUE TO (c) <u>Arteriosclerosis and hypertension</u> <u>year</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>arteriosclerotic heart disease with myocardial decompensation</u> 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 <u>10-20-59</u> to <u>10-22-59</u> and last saw ^{her} him alive on <u>10-22-59</u> Death occurred at <u>4:20 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>Frank T. Machovec, D.O.</u>						22b. ADDRESS <u>214 Garfield Avenue</u>			22c. DATE SIGNED <u>10-23-59</u>				
23a. BURIAL, CREMATION REMOVAL (Specify)		23b. DATE <u>10-25-1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Cardak Bluffs, Neb.</u>							
24. GENERAL DIRECTOR <u>Caorantino Bros KC MO</u>				25. DATE RECD. BY LOCAL REG. <u>10-24-59</u>		26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Frank T. Machovec

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

Ronald Passantino

Licensed Embalmer No. 4554

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.