URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-040523
STATE FILE NUMBER

FILED VS DEC 1 1959 146 Registration District No. 3026 Primary Registration District No. 3026 Registrar's No. 529

ENDED

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) OR TOWN Independence — Length of stay in 1b 2 days	c. CITY OR TOWN Sugar Creek — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Indep. San. & Hosp. — Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 309 North Sterling — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ANDREW Middle Last KLUSKA		4. DATE OF DEATH Month November Day 22, Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 7-16-1892
9. AGE (last birthday) 67	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - Standard Oil Co.	10b. KIND OF BUSINESS OR INDUSTRY Oil Industry	11. BIRTHPLACE (City and state or country) Czechoslovakia	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John Kluska	13b. MOTHER'S MAIDEN NAME Katherine Hakel	14. NAME OF HUSBAND OR WIFE Mary Kluska	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 486-05-9252	17. INFORMANT Address Mary Kluska, 309 No. Sterling, Sugar Creek, No.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Coronary occlusion

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

DUE TO (b) Myocardial infarctions &

DUE TO (c) Rupture of Myocardium — 2 days

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 19.47, to 11-22-59 and last saw ~~her~~ him alive on 11-22-59

Death occurred at 9:30 PM the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] Dlabal M D	22b. ADDRESS 1210 Osh Independence Mo	22c. DATE SIGNED 11-23-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-25-59	23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery
23d. LOCATION (City, town, or county) (State) Independence, Missouri		
24. FUNERAL DIRECTOR ADDRESS Geo. C. Carson & Sons, Independence, Mo.	25. DATE RECD. BY LOCAL REG. 11-25-59	26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

US DEC - 2 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Richard R. Fromin

Signature of Student Embalmer

Licensed Embalmer No. 4838

P. O. Address Independence, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.