

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011183

FILED VS. MAR 28 1960

149

Primary Registration District No. 1002 Registrar's No.

1451

STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)	
a. COUNTY JACKSON	b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		a. STATE Missouri
b. CITY OR TOWN KANSAS CITY	Length of stay in 1b 52 yrs	c. CITY OR TOWN KANSAS CITY	b. COUNTY JACKSON
c. FULL NAME OF DECEASED (If NOT in hospital, give location) General Hosp. #1		d. STREET ADDRESS 1539 Tullis	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First Jacob	Middle Pyeior	Last Pyeior	Month 3	Day 9
Year 60				
5. SEX male	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 7/25/83	9. AGE (last birthday) 76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - Dresser of Black Suits & Bryans		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Poland U.S.A.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Stanley Pyeior (N)	13b. MOTHER'S MAIDEN NAME	13c. NAME OF HUSBAND OR WIFE (Wife) Victoria Pyeior		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 48-01-3935 A	17. INFORMANT Victoria Pyeior 1539 Tullis		

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) Bilateral Broncho pneumonia with abscess formation		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
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 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 a.m. p.m.	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 **2-28-60** to **3-9-1960** and last saw him **live on 3-9-60**
Death occurred at **5:40 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE KL Pyeior (Degree or title)	22b. ADDRESS 2400 Cherry City	22c. DATE SIGNED 3/10/60
23a. BURIAL, CREMATION, REMQVAL (Specify) Burial	23b. DATE 3/11/60	23c. NAME OF CEMETERY OR CREMATORY MT. OLIVET
23d. LOCATION (City, town, & county) Kansas City Mo.	23e. STATE	

24. FUNERAL DIRECTOR Shell Funeral Home	ADDRESS K.C. Mo.	25. DATE RECD. BY LOCAL REG. 3-10-60	26. REGISTRAR'S SIGNATURE Neva Minshall
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Dwyer

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Richard E. Carroll

Licensed Embalmer No. AP 29

P. O. Address NC 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.