

FEDERAL BUREAU OF INVESTIGATION - UNITED STATES DEPARTMENT OF JUSTICE

U.S. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015664

ENDED

FILED VS MAY 16 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2480 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 JACKSON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 13 years	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V A HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 436 WEST 47th		
3. NAME OF DECEASED (Type or print) First MARY Middle HALINA Last SZCZEPANSKI			4. DATE OF DEATH Month May Day 2 Year 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12-3-17	9. AGE (last birthday) 42 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Philadelphia, Pa.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Boleslaw Szczepanski		13b. MOTHER'S MAIDEN NAME Michalina Pawlak		14. NAME OF HUSBAND OR WIFE ---		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Halina Love, 1318 E. Av. S. Portland VA Hospital Official Recd, K.C., Mo. Me.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hepatic failure DUE TO (b) Portal cirrhosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH	
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. 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		
VA						
21. // attended the deceased from April 26, 1960 to May 2, 1960 Death occurred at 6:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) P. J. FRITZLEN, M.D. T.J. Fritzlen			22b. ADDRESS VA Hospital, Kansas City, Mo.		22c. DATE SIGNED 5-3-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE MAY 3, 1960	23c. NAME OF CEMETERY OR CREMATORY PORTLAND CEM		23d. LOCATION (City, town, or county) PORTLAND MAINE		(State)
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS K. C. MO.			ADDRESS	25. DATE RECD. BY LOCAL REG. 5-4-60	26. REGISTRAR'S SIGNATURE Neva Minshall	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Raymond M. Har

Licensed Embalmer No. 491

P. O. Address Indep.

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