URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS APR 19 1960

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STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 9568 Registrar's No. 219

ENDED

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SUGAR CREEK — Length of stay in 1b 45 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 11404 NORLEDGE — Inside Limits Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN SUGAR CREEK — Inside Limits Yes XX No ☐
d. STREET ADDRESS (If outside, give location) 11404 NORLEDGE — Reside on Farm Yes ☐ No XX

3. NAME OF DECEASED (Type or print) First DORA Middle Last ROZGAY

4. DATE OF DEATH Month April Day 13, Year 1960

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed XX Divorced ☐
8. DATE OF BIRTH 2-5-1881
9. AGE (last birthday) 79 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Domestic
11. BIRTHPLACE (City and state or country) Karllovac, Yugoslavia
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Maat Tomasic
13b. MOTHER'S MAIDEN NAME Barbra Farovcig
14. NAME OF HUSBAND OR WIFE Mike Rozgay- deceased

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. None
17. INFORMANT Address Mrs.Mollie Sopich, 11406 Norledge, Sugar Crk

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) Malnutrition

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of Stomach

DUE TO (c)

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

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 Feb 13 60, to 4-13-60 and last saw her/him alive on Mar 29, 1960
Death occurred at 5 00 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E H Dorsch MD
22b. ADDRESS 10901 Winner Rd.
22c. DATE SIGNED 4/14/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4-18-60
23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery
23d. LOCATION (City, town, or county) (State) Independence, Mo.

24. FUNERAL DIRECTOR ADDRESS Geo.C.Carson & Sons, Independence, Mo.
25. DATE RECD. BY LOCAL REG. 4-18-60
26. REGISTRAR'S SIGNATURE James Craig

(Licensed Embalmer's Statement on Reverse Side)

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 n

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Wm J. Cantell

Signature of Student Embalmer

Licensed Embalmer No. 5082

P. O. Address Indep M

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