

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 26 1960

-60-034847

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4443 STATE FILE NUMBER

INDEXED

9-15-60

Nadine Kawinski

DOCUMENT

17 Nadine Wilson

BY AFFIDAVIT OF Informant & Funeral Dir. William R. Doherty, M.D. MEDICAL CERTIFICATION

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 lb 25 yrs.		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3131 Forest		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) MR. CHESTER ANTHONY KAWINSKI				4. DATE OF DEATH Month Aug. Day 29, Year 1960									
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 8-9-1910		9. AGE (last birthday) 50		IF UNDER 1 YEAR Months 3 Days 2		IF UNDER 24 HR Hours 2 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trimm Dept.				10b. KIND OF BUSINESS OR INDUSTRY Claycomo Ford Pl.				11. BIRTHPLACE (City and state or country) Sesser, Illinois		12. CITIZEN OF WHAT COUNTRY U. S. A.			
13a. FATHER'S NAME John Kawinski				13b. MOTHER'S MAIDEN NAME Anna Satia				14. NAME OF HUSBAND OR WIFE Nadine Kawinski <i>none</i>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW # 2 Army				16. SOCIAL SECURITY NO. 499-18-1406		17. INFORMANT WILSON Address Mrs. Nadine Kawinski-3131 Forest							
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) Bronchopneumonia										3 d.			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardiovascular accident										approx. 2 weeks			
DUE TO (c) Hypertension										Unknown			
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 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 — 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 Aug. 15, 1960 to Aug. 29, 1960 and last saw him alive on Aug. 29, 1960 Death occurred at — on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE William R. Doherty M.D. (Degree of title)						22b. ADDRESS 2408 W 75 KC 15, MO.			22c. DATE SIGNED 30 Aug '60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8-30-60		23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county) Sesser, Illinois			(State)			
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar-1800 E. Linowod				ADDRESS		25. DATE RECD. BY LOCAL REG. 8-30-60		26. REGISTRAR'S SIGNATURE H. L. Dwyer					

Exhibit

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941

On Hm. R. D.
2108 W. 75th
EIV 2-2900

Jues: 2 - 5:30

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed James E. MacFilen

Licensed Embalmer No. 4373

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.