URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-038450

STATE FILE NUMBER

FILED VS NOV 9 1960 149

Registration District No. 1002 Primary Registration District No. 1002 Registrar's No. 5309

NDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b 39 Yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hosp. — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 3527 Paseo — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Dora Middle Last Levine

4. DATE OF DEATH Month 10 Day 21 Year 60

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☑

8. DATE OF BIRTH 4/26/01

9. AGE (last birthday) 59 — 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 Home

11. BIRTHPLACE (City and state or country) Poland

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME —

13b. MOTHER'S MAIDEN NAME —

14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) — — —

16. SOCIAL SECURITY NO. 496-01-7385

17. INFORMANT Address 1007 Linwood Leah Panagoplos KCMo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH
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. ☐ 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 9/21/60 to 10/21/1960 and last saw her alive on 10-21-1960
Death occurred at 1:10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature]

22b. ADDRESS 2400 Cherry City

22c. DATE SIGNED 10/21/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 10/23/60

23c. NAME OF CEMETERY OR CREMATORY Blue Ridge

23d. LOCATION (City, town, or county) (State) Kansas City, Mo.

24. FUNERAL DIRECTOR J.P. Louis Funeral Home — ADDRESS KCMo.

25. DATE RECD. BY LOCAL REG. 10-22-60

26. REGISTRAR'S SIGNATURE H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF E. Frank Ellis

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_____ Signed Emily Buffington

Signature of Student Embalmer

Licensed Embalmer No. 2756

P. O. Address KCMO,

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