RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-048754

FILED VS JAN 23 1961

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6604 STATE FILE NUMBER

DED

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 60yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3400 Campbell Hazelton Nursing Home
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) 343 N. Denver
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: SAMUEL Middle: Last: KONIZESKI
4. DATE OF DEATH Month 12 Day 28 Year 1960
5. SEX Male
6. COLOR OR RACE white
7. Married ☒ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 8-29-1875
9. AGE (last birthday) 85
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) Clerk
10b. KIND OF BUSINESS OR INDUSTRY YMCA
11. BIRTHPLACE (City and state or country) St. Louis, Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Robert Konizeski
13b. MOTHER'S MAIDEN NAME Mary Robinson
14. NAME OF HUSBAND OR WIFE Lillian W. Konizeski
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. 488-36-0924
17. INFORMANT Warren Simpson Address Clayton J, Mo 6308 S. Rosebury

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 6 yrs
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 1954 to Dec 1960 and last saw her/him alive on Dec 27-60
Death occurred at 3:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. P. Frick (Degree or title) MD
22b. ADDRESS 814 Prof Bldg
22c. DATE SIGNED 12/30/60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12/30/1960
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem
23d. LOCATION (City, town, or county) (State) Kansas City, Mo
24. FUNERAL DIRECTOR C. H. Blackman & Son
ADDRESS K.C. Mo
25. DATE RECD. BY LOCAL REG. 12.30-60
26. REGISTRAR'S SIGNATURE H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Bert B. Bennett

Signature of Student Embalmer

Licensed Embalmer No. 4656

P. O. Address B.C., Me

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