

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

303-61-001525
STATE FILE NUMBER

FILED VS FEB 8 1961

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

DATE AMENDED
2
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

| | | | | | |
|---|--|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u> | | Length of stay in lb <u>68 yrs</u> | c. CITY OR TOWN <u>Kansas City</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>405 N Van Buren</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS <u>405 N Van Buren</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>PATRICK MAZUCH</u> | | | 4. DATE OF DEATH Month Day Year <u>1 17 61</u> | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>12-28-92</u> | 9. AGE (last birthday) <u>68</u> | IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>produce dealer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Fruit & Veg</u> | | 11. BIRTHPLACE (City and state or country) <u>Kc Mo.</u> | 12. CITIZEN OF WHAT COUNTRY <u>U. S.</u> |
| 13a. FATHER'S NAME <u>Mike Mazuch</u> | | 13b. MOTHER'S MAIDEN NAME <u>Rosa Saens</u> | | 14. NAME OF HUSBAND OR WIFE <u>Lucy</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT <u>Mr Lucy Mazuch</u> Address <u>c. mo.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CORONARY OCCLUSION</u> DUE TO (b) <u>CHRONIC MYOCARDITIS</u> DUE TO (c) <u>ARTERIOSCLEROSIS</u> 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 | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>6 years</u> <u>12 years</u> |
| 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 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 |
| 21. I attended the deceased from <u>1-1-59</u> to <u>1-17-61</u> and last saw her/him alive on <u>1-17-61</u> Death occurred at <u>8:00 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>Paul Laurence</u> (Degree or title) | | | 22b. ADDRESS <u>428 So White ave</u> | | 22c. DATE SIGNED <u>1-17-61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>1-20-61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Mt St Marys</u> | | 23d. LOCATION (City, town, or county) (State) <u>Kc Mo</u> |
| 24. FUNERAL DIRECTOR <u>SEBBETO'S</u> | | ADDRESS <u>Kc Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>1-18-61</u> | 26. REGISTRAR'S SIGNATURE <u>Ruth Long</u> |

D. Lawrence
1130 to 3
Memorial Home

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed *Ernest D. Coldenow*

Licensed Embalmer No. *4714*

P. O. Address *K.C. 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.