

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

2436-61-017273  
STATE FILE NUMBER

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

AMENDED

DATE AMENDED 7/27/61  
INSTEAD OF 2-14-1902 & 59  
SHOULD READ 2-14-1894 & 67  
ITEM NO. 8 & 9

DOCUMENT Naturalization papers  
MEDICAL CERTIFICATION  
H. Owens  
BY AFFIDAVIT OF Informant

1. PLACE OF DEATH JUN 5 1961

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in 1b 49 yrs.

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7928 Campbell Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Kansas City Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) 7928 Campbell Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First DAN (Arvanitakis) Last ARVAN Last

4. DATE OF DEATH Month May Day 16, Year 1961

5. SEX Male 6. COLOR OR RACE Greek 7. Married  Never Married  Widowed  Divorced

8. DATE OF BIRTH 2-14-1902 9. AGE (last birthday) 94 59 67 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) owner 10b. KIND OF BUSINESS OR INDUSTRY LaSalle Cleaners 11. BIRTHPLACE (City and state or country) Zante, Greece 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Jerry Arvanitakis 13b. MOTHER'S MAIDEN NAME Chrisoula Tamaressis 14. NAME OF HUSBAND OR WIFE Aspacia Arvan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Aspacia Arvan---7928 Campbell Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Occlusion

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 Month, Day, Year a.m. p.m.

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 \_\_\_\_\_, to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_ Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugh H. Owens 22b. ADDRESS 152 Union Station 22c. DATE SIGNED 5-16-61

23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial 23b. DATE 5-19-61 23c. NAME OF CEMETERY OR CREMATORY Calvary 23d. LOCATION (City, town, or county) Kansas City (State) Mo.

24. FUNERAL DIRECTOR Mellody-McGilley-Eylar ADDRESS 1800 E. Lin 25. DATE RECD. BY LOCAL REG. 5-18-61 26. REGISTRAR'S SIGNATURE Ruth Long

**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 Hal Thonker

Licensed Embalmer No. 340

P. O. Address Indep., 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.