

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-021347

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2718

STATE FILE NUMBER

AMENDED

FILED JUN 21 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF Florence E. Mac Innis Medical Certification

|   |   |  |   |
|---|---|--|---|
| 1. PLACE OF DEATH   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  |   |
| a. COUNTY Jackson   |   | a. STATE Mo. b. COUNTY Jackson   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City   |   | c. CITY OR TOWN Kansas City  |   |
| Length of stay in lb 50 yrs.  |   | 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. Mary's Hosp. (DOA)                                |   | d. STREET ADDRESS (If outside, give location) 1509 Lexington Court   |   |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |   |
| 3. NAME OF DECEASED (Type or print) First Middle Last (BERTHA) PANAGIOTA LOURIDAS   |   |  | 4. DATE OF DEATH Month Day Year May 31 1961   |
| 5. SEX female   | 6. COLOR OR RACE white  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 5-3-1883   |
| 9. AGE (last birthday) 78   |   | 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) Sparta, Greece   |
| 12. CITIZEN OF WHAT COUNTRY USA   |   | 13a. FATHER'S NAME John Kokinis  |   |
| 13b. MOTHER'S MAIDEN NAME Ursula Spiropoulos  |   | 14. NAME OF HUSBAND OR WIFE John Louridas  |   |
| 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. none   |   |
| 17. INFORMANT Address Court. Miss Matina Louridas--1509 Lexington   |   |  |   |
| 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) myocardial infarction   |   |  | none  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease  |   |  | 6 years   |
| DUE TO (c) Generalized Arteriosclerosis   |   |  | 10 years  |
| 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 checked="" 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 6/29/48 to 5/31/61 and last saw her alive on 5/30/61   |   |  |   |
| Death occurred at 12:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.                   |   |  |   |
| 22a. SIGNATURE Florence E. Mac Innis MD (Degree or title)   |   | 22b. ADDRESS 4620 Nichols Blvd, Kansas City  | 22c. DATE SIGNED 5/2/61   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial  | 23b. DATE 6-2-61  | 23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery   | 23d. LOCATION (City, town, or county) Kansas City Mo.   |
| 24. FUNERAL DIRECTOR ADDRESS Melody-McGilley-Eylar 1800 E. Linwood  |   | 25. DATE RECD. BY LOCAL REG. 6-1-61  | 26. REGISTRAR'S SIGNATURE Ruth Long   |

Dr. Florence  
4620 J. C. Nick  
Lo 1-7288  
OK 1:30 till

**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 Wm H. Burt

Licensed Embalmer No. 05038

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.