SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER 61-021607

AMENDED

Registration District No. 146 Primary Registration District No. SS 68 Registrar's No. 332

FILED JUL 6 1961

DATE AMENDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 11226 Chicago
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home
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 Sugar Creek
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 11226 Chicago
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First John Middle Andrew Last Tapko

4. DATE OF DEATH Month June Day 24 Year 1961

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 9-21-79

9. AGE (last birthday) 81

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) Retired Stillman Helper

10b. KIND OF BUSINESS OR INDUSTRY Standard Oil Co.

11. BIRTHPLACE (City and state or country) Lucky Springs, Czecho-Slovakia

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

13a. FATHER'S NAME Andrew Tapko

13b. MOTHER'S MAIDEN NAME Susanna Bori

14. NAME OF HUSBAND OR WIFE Sophia B. Tapko

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

17. INFORMANT Address Mrs. Irene Amick, 11226 Chicago Sugar Creek, Mo

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) Probable Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebrovascular accident, thrombosis — 24 hrs.
DUE TO (c) Adenocarcinoma prostate + metastasis to spine ? yes.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
2 day anemia.

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 1959, to 1961 and last saw ~~her~~ him alive on 6-23-61
Death occurred at 6-24-61 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul L Bachmann (Degree or title) MD

22b. ADDRESS 1212 W. Truman Independence Mo

22c. DATE SIGNED 6-26-61

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

23b. DATE June 27, 1961

23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery

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

24. FUNERAL DIRECTOR ADDRESS GEORGE C. CARSON INDEPENDENCE, MO.

25. DATE RECD. BY LOCAL REG. 6-27-61

26. REGISTRAR'S SIGNATURE Ella L. Craig

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. SHOULD READ INSTEAD OF BY AFFIDAVIT OF DOCUMENT

JUL 7 1967

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 J. T. Crowell

Licensed Embalmer No. 4904

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.