

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-025508

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 49

Primary Registration District No. 1002 Registrar's No. 3317

STATE FILE NUMBER

FILED JUL 20 1961

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		Length of stay in 1b 13 Years	c. CITY OR TOWN Kansas City		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. Marys Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 724 Fuller		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Jean Middle Joseph Last Stervinou			4. DATE OF DEATH Month 7 Day 2 Year 1961		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-26-96	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance		10b. KIND OF BUSINESS OR INDUSTRY Coke Cola Bottling Co. France		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Gregary Stervinou		13b. MOTHER'S MAIDEN NAME Marie Bon		14. NAME OF HUSBAND OR WIFE Adele Elizabeth Seveyra	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			17. INFORMANT Wife Adele E. Stervinou 724 Fuller Kansas City Mo		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia DUE TO (b) Ureteral obstruction, bilateral DUE TO (c) Rectal carcinoma - generalized metastases 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
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 _____ 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 Sept. 9, 1960 to July 2, 1961 and last saw him alive on July 2, 1961 Death occurred at 12:25 P on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE L. M. Roberts, M.O. (Deputy or title)			22b. ADDRESS 1906 Erie North K.C. Mo.		22c. DATE SIGNED 7-3-61
23a. BURIAL, CREMATION, or other disposition (Specify) Burial		23b. DATE 7-4-1961	23c. NAME OF CEMETERY OR CREMATORY Lexington Cemetery		23d. LOCATION (City, town, or county) (State) Lexington, Missouri
24. FUNERAL DIRECTOR Sheil Funeral Home K.C. Mo. ADDRESS			25. DATE RECD. BY LOCAL REG. 7-3-61	26. REGISTRAR'S SIGNATURE Ruth Long	

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Roberts

ITEM NO. SHOULD READ

REPORT

SECTION

DATE

TIME

LOCATION

DECEASED

BY

EMBALMER

1961

S

BY

EMBALMER

NAME

NO.

1-20-66

WHITE

MALE

Funeral Home, 1000 North 10th St., Omaha, Neb.

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 Richard E. Carroll

Licensed Embalmer No. 4829

P. O. Address Ke 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.