

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-033142

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

4866

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4866

FILED OCT 11 1961

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Richard L. Owens

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Jackson</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		a. STATE <u>Kansas</u>		b. COUNTY <u>Wyandotte</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Mary's Hosp</u>		Length of stay in 1b <u>5 weeks</u>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		First <u>John</u> Middle <u>William</u> Last <u>Sukraw</u>		4. DATE OF DEATH		Month <u>Sept.</u> Day <u>30</u> Year <u>1961</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>5-24-10</u>	9. AGE (last birthday) <u>51</u>	IF UNDER 1 YEAR		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Repairman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Pac Frt. Exp. Co</u>		11. BIRTHPLACE (City and state or country) <u>Maxwell, Nebraska</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Amuel Sukraw</u>			13b. MOTHER'S MAIDEN NAME <u>Clarlsey A Sittle</u>		14. NAME OF HUSBAND OR WIFE <u>Lula Sukraw</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Lula Sukraw 612 S 11th, KC, Ks.</u>		
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) <u>Staphylococcal Pneumonia</u>							<u>4 days</u>
DUE TO (b) <u>massive cerebral hemorrhage</u>							<u>6 weeks</u>
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.		
					<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		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
Hour <u>5:35</u> a.m. p.m.		Month, Day, Year <u>Aug 21 1961</u>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
20f. CITY, TOWN, OR LOCATION		COUNTY		STATE			
<u>Kansas City</u>		<u>Wyandotte</u>		<u>Nebraska</u>			
21. I attended the deceased from <u>Aug 21 1961</u> to <u>Sept 30 1961</u> and last saw him alive on <u>Sept 28 1961</u>							
Death occurred at <u>5:35</u> A.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Richard L. Owens</u> (Degree or title) <u>MO</u>				22b. ADDRESS <u>9228 E Highway 50 K.P. 33 Mo</u>		22c. DATE SIGNED <u>90-1-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>10-2-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Adams Swanson F. H.</u>		23d. LOCATION (City, town, or county) (State) <u>North Platte, Nebraska</u>	
24. FUNERAL DIRECTOR <u>D. W. Newcomer's Sons,</u> ADDRESS <u>Kansas City</u>			25. DATE RECD. BY LOCAL REG. <u>10-1-61</u>		26. REGISTRAR'S SIGNATURE <u>Arthur Long</u>		

**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 \_\_\_\_\_

*Robert E. Heron*

Licensed Embalmer No. \_\_\_\_\_

*4849*

P. O. Address \_\_\_\_\_

*A. C. P., Ks.*

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.