

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-61-036863**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5188

AMENDED

**FILED NOV 1 1961**

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Mark Dodge

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>                    |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>  |   | c. CITY OR TOWN <u>Gardner</u>  |  |
| Length of stay in 1b <u>2 1/2 Days</u>  |   | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>  |   | d. STREET ADDRESS (If outside, give location) <u>Box 46</u>   |  |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |
| 3. NAME OF DECEASED (Type or print) First Middle Last<br><u>Charles Henry Czapansky</u>   |   |   | 4. DATE OF DEATH Month Day Year<br><u>Oct. 11, 1961</u>  |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>3-22-96</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Meat Cutter</u>                                     |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Grocery Store</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Greenwood Co., Kansas</u>   |
| 13a. FATHER'S NAME<br><u>Charles H. Czapansky</u>   |   | 13b. MOTHER'S MAIDEN NAME<br><u>Phatima Loyd</u>  | 14. NAME OF HUSBAND OR WIFE<br><u>Pearl Czapansky</u>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u>                                 |   | 16. SOCIAL SECURITY NO.   | 17. INFORMANT Address<br><u>Pearl Czapansky - Gardner, Kansas</u>  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY<br>IMMEDIATE CAUSE (a) <u>Malignant Lymphoma</u> |   |   | INTERVAL BETWEEN ONSET AND DEATH:<br><u>3 months</u>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input 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 <u>9-61</u> to <u>10-11-61</u> and last saw <sup>her</sup> him alive on <u>10-11-61</u>                              |   | Death occurred at <u>3:00PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.  |  |
| 22a. SIGNATURE <u>Mark Dodge MD</u> (Degree or title)   |   | 22b. ADDRESS<br><u>Kansas City, Missouri</u>  | 22c. DATE SIGNED<br><u>10-14-61</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>   | 23b. DATE<br><u>Oct. 12, 1961</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Sherman Cemetery</u>   | 23d. LOCATION (City, town, or county) (State)<br><u>Sherman, Kansas</u>  |
| 24. FUNERAL DIRECTOR ADDRESS<br><u>Roy Bruce, Gardner, Kansas</u>   |   | 25. DATE RECD. BY LOCAL REG.<br><u>10-17-61</u>   | 26. REGISTRAR'S SIGNATURE<br><u>Ruth H 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 \_\_\_\_\_

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

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

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.