SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-044469

TMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6524 STATE FILE NUMBER

FILED JAN 15 1962

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4407½ E 7th St — Inside Limits Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 4407½ E 7th St — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Mike Middle Banovich Last Banovich
Mike Banovich

4. DATE OF DEATH Dec. Month 22 Day 1961 Year
Dec. 22nd, 1961

5. SEX male
Male

6. COLOR OR RACE white
White

7. Married ☐ Never Married ☐ Widowed ☐ Divorced X

8. DATE OF BIRTH 1885

9. AGE (last birthday) ~~84~~ 76 — 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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Czechoslovakia ~~Czechoslavia~~

12. CITIZEN OF WHAT COUNTRY Unk

13a. FATHER'S NAME No Record

13b. MOTHER'S MAIDEN NAME No Record

14. NAME OF HUSBAND OR WIFE —

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

16. SOCIAL SECURITY NO.

17. INFORMANT Address PerrinD McElroy Public Admin.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

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 _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugh H. Owens Corner

22b. ADDRESS 152 Union Station

22c. DATE SIGNED 12-26-61

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

23b. DATE 12/29/61

23c. NAME OF CEMETERY OR CREMATORY Mt Washington Cem

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

24. FUNERAL DIRECTOR ADDRESS Sheil Funeral Home Kansas City Mo

25. DATE RECD. BY LOCAL REG. 12-28-61

26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — DOCUMENT — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF — MEDICAL CERTIFICATION

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 _____ Signed Thomas A. [illegible]

Signature of Student Embalmer

Licensed Embalmer No. 4954

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.