

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001479

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 225

**FILED JAN 25 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 4 months  
 c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Elms Nursing Home 1310 E. Armour Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Kansas b. COUNTY Wyandotte  
 c. CITY OR TOWN Kansas City Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 13 N. Tremont Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
STEVE AYDUKOVICH January 13, 1962

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 12-17-1877 9. AGE (last birthday) 84  
 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) Sheep butcher 10b. KIND OF BUSINESS OR INDUSTRY Meat packing 11. BIRTHPLACE (City and state or country) Yugoslavia 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Daniel Aydukovich 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No 17. INFORMANT Address Rodney Aydukovich, 13 N. Tremont, KCK

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. CAUSE WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Pneumonia  
 DUE TO (b) Compensatory Heart failure  
 DUE TO (c) \_\_\_\_\_  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (g) Paralysis, far advanced  
 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 1953 to Jan 13, 1962 and last saw him alive on Jan 11, 1962  
 Death occurred at 5:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) MD 22b. ADDRESS Mission, Kns 22c. DATE SIGNED 1-14-62

23a. BURIAL, CREMATION, REMOVAL Removal 23b. DATE 1-13-1962 23c. NAME OF CEMETERY OR CREMATORY Highland Park 23d. LOCATION (City, town, or county) (State) Kansas City, Kansas

24. FUNERAL DIRECTOR ADDRESS Matt Skradski Skradski Funeral Home KCK 25. DATE RECD. BY LOCAL REG. 1-14-62 26. REGISTRAR'S SIGNATURE [Signature]

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

**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 Mat Shradki

Licensed Embalmer No. 4382

P. O. Address KOR

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.