

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-006659

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 829 STATE FILE NUMBER

FILED FEB 28 1962

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ARIZONA , h. COUNTY MARICOPA		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 1 month	c. CITY OR TOWN PHOENIX		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1017 W. Georgia Ave		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last MILDRED MONCHIL PETROVICH			4. DATE OF DEATH Month Day Year Feb 9, 1962		
5. SEX female	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 1/10/1924	9. AGE (last birthday) 38	IF UNDER 1 YEAR Months Days 38
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own	11. BIRTHPLACE (City and state or country) K.C.Ks.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME George Monchil		13b. MOTHER'S MAIDEN NAME Anna Millich		14. NAME OF HUSBAND OR WIFE John Petrovich	
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 Mr. John Petrovich 1017 W Georgia Ariz. Phoenix		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Diffuse interperitoneal malignancy					INTERVAL BETWEEN ONSET AND DEATH approx 6mos
DUE TO (b) possible Krukenberg's tumor					unknown
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 Hour Month, Day, Year a.m. p.m.					
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>1-11-62</u> to <u>2/9/62</u> and last saw her <input checked="" type="checkbox"/> alive on <u>2/9/62</u> Death occurred at <u>3:00</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) James M. Graham MD			22b. ADDRESS Argyle Bldg - K.C. Mo.		22c. DATE SIGNED 2/10/62
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 2/12/62	23c. NAME OF CEMETERY OR CREMATORY Highland Park Cemetery		23d. LOCATION (City, town, or county) (State) K.C.Ks.
24. FUNERAL DIRECTOR ADDRESS JOS. A. BUTLER'S SONS K.C.K			25. DATE RECD. BY LOCAL REG. 2-12-62		26. REGISTRAR'S SIGNATURE Ruth Song

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
ITEM NO. SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF **James M. Graham**

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 _____

Bob Lee
Licensed Embalmer No. 3426 Mo
P. O. Address K.C. Kansas

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.