

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006720

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1086 STATE FILE NUMBER

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 33 yrs
 c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION General Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE mo b. COUNTY Jackson
 c. CITY OR TOWN Kansas City Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 5505 Smart Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last Josephine Staras 4. DATE OF DEATH Month Day Year 2 21 62

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 12-28-1888 9. AGE (last birthday) 73 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and state or country) Vilna Lithuania 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Charles Gromkie 13b. MOTHER'S MAIDEN NAME unk 14. NAME OF HUSBAND OR WIFE hus.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. none 17. INFORMANT Address hus Staras 5505 Smart

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Hypernephroma of the Kidney
 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 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 2-10-62 to 2-21-62 and last saw her alive on 2-21-62
 Death occurred at 1:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank Ellis (Degree or title) 22b. ADDRESS 2400 Cherry 22c. DATE SIGNED 2-21-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 2-24-1962 23c. NAME OF CEMETERY OR CREMATORY St Mary Cem. 23d. LOCATION (City, town, or county) (State) Kansas City Mo.

24. FUNERAL DIRECTOR Pasantino Bros ADDRESS Kc, mo 25. DATE RECD. BY LOCAL REG. 2-22-62 26. REGISTRAR'S SIGNATURE Ruth Long

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

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 *R. C. Lassantino*

Licensed Embalmer No. 4554

P. O. Address KC, 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.