

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011241

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1149

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

**FILED MAR 26 1962**

1. PLACE OF DEATH  
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in lb -

c. CITY OR TOWN Kansas City Inside Limits Yes  No

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

d. STREET ADDRESS (If outside, give location) 6701 Cleveland Reside on farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
MARY LOUISE OZORKIEWICZ

4. DATE OF DEATH Month Day Year  
2-24-62

5. SEX Female

6. COLOR OR RACE White

7. Married  Never Married  Widowed  Divorced

8. DATE OF BIRTH 7-20-15

9. AGE (last birthday) 46

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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (City and state or country) Leavenworth, Kans.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Earl Parker

13b. MOTHER'S MAIDEN NAME Unkown

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

16. SOCIAL SECURITY NO. no

17. INFORMANT Address Hospital Records

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) pneumonitis with effusion  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) polycystic kidneys  
DUE TO (c) \_\_\_\_\_

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertensive cardio-vascular disease

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 2-19-62 to 2-24-62 and last saw her/him alive on 2-24-62  
Death occurred at 8:30 am 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 2-24-62

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

23b. DATE 2-25-62

23c. NAME OF CEMETERY OR CREMATORY National Cemetery

23d. LOCATION (City, town, or county) (State) Leavenworth, Kansas

24. FUNERAL DIRECTOR ADDRESS Ralph Fulton Kansas City, Ks.

25. DATE RECD. BY LOCAL REG. 2-26-62

26. REGISTRAR'S SIGNATURE Ruth Long

USE BLACK INK OR TYPEWRITER RIBBON

**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.A. Fulton R. A. Fulton

Licensed Embalmer No. 3035

P. O. Address Kansas City, 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.