

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-015381  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1994

<b>FILED APR 20 1962</b>	
1. PLACE OF DEATH	
a. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u> Length of stay in lb <u>26 yrs</u>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Trinity Lutheran Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. STATE <u>Mo.</u> b. COUNTY <u>JACKSON</u>	
c. CITY OR TOWN <u>KANSAS CITY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS (If outside, give location) <u>5315 TRACY</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Evdoxia</u> Middle <u>A.</u> Last <u>Nickos</u>	
4. DATE OF DEATH Month <u>4</u> Day <u>7</u> Year <u>1962</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>CACU.</u>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-21-1873</u>
9. AGE (last birthday) <u>89</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>homemaker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>
11. BIRTHPLACE (City and state or country) <u>AMALIAS, Greece</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Nicholas TRANTASopoulos</u>	13b. MOTHER'S MAIDEN NAME <u>Irene Lymperopoulos</u>
14. NAME OF HUSBAND OR WIFE <u>ANASTASIOS Nickos</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>
16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>Mrs Zoe Theoharis</u> Address <u>5315 TRACY</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <u>Cerebral Apoplexy, severe</u>	
DUE TO (b) <u>Arteriosclerosis, gen. sev.</u>	
DUE TO (c) <u>  </u>	
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 <u>  </u> a.m. <u>  </u> p.m. Month, Day, Year <u>  </u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>  </u>
20f. CITY, TOWN, OR LOCATION <u>  </u> COUNTY <u>  </u> STATE <u>  </u>	
21. I attended the deceased from <u>Jan 15, 1956</u> to <u>Apr 7, 1962</u> and last saw him/her alive on <u>Mar 15, 1962</u> Death occurred at <u>7:00 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>E. Pearson, M.D.</u> (Degree or title)	22b. ADDRESS <u>5820 Howard Dr. Missourio</u>
22c. DATE SIGNED <u>4/10/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>4-11-62</u>
23c. NAME OF CEMETERY OR CREMATORY <u>ST. MARY'S</u>	23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY Mo.</u>
24. FUNERAL DIRECTOR <u>Muehlebach</u> ADDRESS <u>6800 Troost</u>	25. DATE RECD. BY LOCAL REG. <u>4-10-62</u>
26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>	

VS 300 Rev. 4/59  
1  
3 758  
3  
4 1  
5 2  
6  
7 2  
8 2  
9334X  
10  
11  
12 68-0  
13

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

USE BLACK INK OR TYPEWRITER RIBBON

P. E. Pearson MEDICAL CERTIFICATION

Dr Paul Pearson  
31<sup>st</sup> & Wyandotte  
P.L. 3-4600

11-12 noon

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 Danny C. Keens, Student Embalmer No. 647

working under my personal supervision.

Student Danny C. Keens  
Signature of Student Embalmer

Signed L. D. Nelson

Licensed Embalmer No. 4421

P. O. Address Kansas City, 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.