

FILED SEP 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26768

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3553			
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 OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 1YR		c. CITY OR TOWN KANSAS CITY		3548			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3415 MICHIGAN AVE				d. STREET ADDRESS (If rural, give location) 3415 MICHIGAN AVE					
3. NAME OF DECEASED a. (First) ADELE			b. (Middle) BOULOS			c. (Last)			
4. DATE OF DEATH		(Month) (Day) (Year)		AUG 18 - 1950					
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH JAN - 2 - 1882			
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months Days		IF UNDER 2 WKS. 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 AT HOME		11. BIRTHPLACE (State or foreign country) SYRIA		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME JOSEPH SETTOY		13b. MOTHER'S MAIDEN NAME MARY REDE		14. NAME OF HUSBAND OR WIFE EMEEN BOULOS					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME RAMZA PADWALWAN		ADDRESS 3415 MICH.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Portal Cirrhosis (non-alcoholic)				INTERVAL BETWEEN ONSET AND DEATH 6 mo.	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				58 1/2	
19a. DATE OF OPERATION 5 July 1950		19b. MAJOR FINDINGS OF OPERATION Cirrhosis, portal type; ascites.						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
22a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		Kansas City Jackson Mo.			
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from June 19, 1950, to 18 Aug., 1950, that I last saw the deceased alive on 17 July, 1950, and that death occurred at 8:00 A.M., from the causes and on the date stated above.									
23a. SIGNATURE Fred H. Lundgren (Degree or title) M.D.				23b. ADDRESS 617 Poplarwood Bldg.		23c. DATE SIGNED 19 Aug. '50			
24a. BURIAL, CREMATION, REMOVAL, etc.		24b. DATE AUG-21-1950		24c. NAME OF CEMETERY OR CREMATORY CALVARY		24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO			
DATE REC'D BY LOCAL REG 8-19-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. H. Newcomer, Inc. K.C. Mo					

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision. „

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Bernard A. Horan*

Licensed Embalmer No. *4250*

P. O. Address *A. C. 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 this body is not embalmed, fact should be so stated above.