

FILED APR 7 1951

STANDARD CERTIFICATE OF DEATH

State File No. 8324
1266

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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, write RURAL and give township) OR TOWN KANSAS CITY	c. LENGTH OF STAY (In this place) SINCE 1938	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	d. STREET ADDRESS (If rural, give location) 3000 OLIVE 3409
d. FULL NAME OF HOSPITAL OR INSTITUTION 3000 Olive			

3. NAME OF DECEASED (Type or Print) CRIST BELESAKOS			4. DATE OF DEATH (Month) (Day) (Year) 3 20 51			
5. SEX M D	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 1898 DEC 24 1899	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months Days	IF UNDER 100 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARTENDER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ATHENS GREECE 6		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME GEORGE BELESAKOS		13b. MOTHER'S MAIDEN NAME _____		14. NAME OF HUSBAND OR WIFE MRS ANN BELESAKOS	
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. 491-03-6208		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS ANN BELESAKOS 3000 OLIVE	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary thrombosis			4201
		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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 3-20 1951, to 3-20 1951, that I last saw the deceased alive on 3-20 1951, and that death occurred at 5:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE Harvey L. Lloyd MD (Degree or title)		23b. ADDRESS 5255 Babcock Rd., K.C. 9, Mo.		23c. DATE SIGNED 3-24-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 3/24/51	24c. NAME OF CEMETERY OR CREMATORY MT CALVARY CEM.	24d. LOCATION (City, town, or county) (State) K-C KANS.		

DATE REC'D BY LOCAL REG. 3-23-51	REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SEBETO'S CITY	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Harvey
4 1/2
0 3326
January

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 Forrest D. Goldsnow

Signed.....
Student Embalmer

Licensed Embalmer No. 4714

P. O. Address K.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.