

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1418

State File No. _____

FILED JAN 25 1952

223

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>40 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1516 Wyondotte</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1516 Wyondotte</u>			

3. NAME OF DECEASED (Type or Print) <u>Michael Pappas</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 14, 1952</u>		
a. (First)		b. (Middle)	c. (Last)		

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>About 65</u>		9. AGE (In years last birthday) <u>65</u>	# UNDER 1 YEAR Months	# UNDER 6 WKS. Days	# UNDER 1 HR. Hours	Min.
--------------------	-------------------------------	---	----------------------------------	--	---	-----------------------	---------------------	---------------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PEDESTRIAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ICE CREAM</u>		11. BIRTHPLACE (State or foreign country) <u>GREECE</u>		12. CITIZEN OF WHAT COUNTRY? <u>6</u>	
---	--	--	--	---	--	---------------------------------------	--

13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>LULIA PAPPAS</u>	
-----------------------------------	--	--	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>NICK PAPPAS</u>		ADDRESS <u>1516 E 77th Terr. K.C. MO.</u>	
---	--	-------------------------------------	--	--	--	---	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crown Artery Disease</u>		ANTECEDENT CAUSES <u>Crown Artery Disease</u>				DUE TO (b) <u>Arteriosclerosis</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Hypertension</u>				DUE TO (a) <u>Arteriosclerosis</u>	
II. OTHER SIGNIFICANT CONDITIONS <u>Arteriosclerosis</u>		Conditions contributing to the death but not related to the disease or condition causing death.				4201	

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) (Min.)		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 Jan 13, 1952 to Jan 14, 1952, that I last saw the deceased alive on Jan 13, 1952, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Jack B. Brans</u>		23b. ADDRESS <u>330 P.W. Rd</u>		23c. DATE SIGNED <u>14 Jan 52</u>	
-------------------------------------	--	---------------------------------	--	-----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-16-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO.</u>	
---	--	--------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG <u>1-15-52</u>		REGISTRAR'S SIGNATURE <u>Leraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody-McG. Hey-Flar</u>		ADDRESS <u>K.C. MO.</u>	
--	--	---	--	--	--	-------------------------	--

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

Brome

Prof. Fall 3pm

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 _____

Signed.....
Student Embalmer,

Licensed Embalmer No. 2999

P. O. Address. CC

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.