

FILED FEB 16 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1982

State File No. 605

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

1. PLACE OF DEATH a. COUNTY JACKSON 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: MISSOURI b. COUNTY JACKSON 3208	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS City	c. LENGTH OF STAY (In this place) 2 Wk.	c. CITY (If outside corporate limits, write RURAL and give township) KANSAS City	d. STREET ADDRESS (If rural, give location) 1423 CENTRAL 20
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL Hospital #1			

3. NAME OF DECEASED (Type or Print) a. (First) JAMES	b. (Middle)	c. (Last) Furdick	4. DATE OF DEATH (Month) (Day) (Year) 2 6 52
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5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 3	8. DATE OF BIRTH MAY 8, 1883	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) PRESS MAN	10b. KIND OF BUSINESS OR INDUSTRY PRINTING	11. BIRTHPLACE (State or foreign country) BOHEMIA, EUROPE 8	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Joseph Furdick	13b. MOTHER'S MAIDEN NAME Elizabeth YIRAK	14. NAME OF HUSBAND OR WIFE
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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 495-10-2042	17. INFORMANT'S SIGNATURE OR NAME John C. Dokulil, OMAHA, NEBR.	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  79.5
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cause of death embolism		
	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. 2nd heart permit obtained			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 10 A. m., from the causes and on the date stated above.

23a. SIGNATURE Geo. C. Kealhofer (Degree or title) Res. C. Kealhofer, Deputy Coroner 3	23b. ADDRESS 4050 B Woodway St. C. 500	23c. DATE SIGNED 2-7-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 2-7-52	24c. NAME OF CEMETERY OR CREMATORY St. Marys' Cemetery	24d. LOCATION (City, town, or county) (State) OMAHA, NEBR.
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DATE REC'D BY LOCAL REG. 2-8-52	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE B. C. Weale B. C. 8 Mo.	ADDRESS
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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. \_\_\_\_\_

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

*B. E. W. Willet*

*4075*

*K.C.S., 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.