

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **13118**
1866

FILED MAY 3-1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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. LENGTH OF STAY (In this place) <u>5 mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sugar Creek</u> <u>1480</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Northeast Restorium</u> <u>3210 Norledge St.</u>				d. STREET ADDRESS (If rural, give location) <u>11211 Chicago</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mike</u> b. (Middle) _____ c. (Last) <u>Sepko</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 23, 1952</u>				
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>Nov. 7, 1872</u>	
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Pipe Fitter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Standard Oil Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Czechoslovakia</u> <u>6</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Helena Sepko (deceased)</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> <u>none</u>		16. SOCIAL SECURITY NO. <u>486 03 4022</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Julia Sepko, Sugar Creek, Mo.</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>					<u>6 months</u>
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u>					<u>unknown</u>
		DUE TO (c) <u>Generalized Arteriosclerosis</u>					<u>unknown</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prostate</u>					<u>unknown</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>Nov 11</u> 19 <u>51</u> , to <u>April 23</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>April 21</u> , 19 <u>52</u> , and that death occurred at <u>7:50 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>P. A. Kienberger</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>5242 St. John</u>		23c. DATE SIGNED <u>4-23-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/23/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Marys Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Independence, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-23-52</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmest</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Carson</u>		ADDRESS <u>Independence, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Dean W. Huff

Student Embalmer No. 446

working under my personal supervision.

Student *Dean W. Huff*.....
Student Embalmer

Signed *Charles E. Schroeder*

Licensed Embalmer No. 4741

P. O. Address *Independence, 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.