

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24351

State File No. ....

FILED AUG 4 1952

BIRTH NO. 50236 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3293

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Jackson</b>	c. LENGTH OF STAY (In this place) <b>1 hour</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Luke's Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>4635 Madison</b> <span style="float:right"><b>3718</b></span>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>LEONARD</b>	b. (Middle) <b>FRANCIS</b>	c. (Last) <b>BANOWETZ</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 20 1952</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>July 20 1952</b>
9. AGE (In years last birthday) <b>1</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>	11. BIRTHPLACE (State or foreign country) <b>Kansas City, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>LEONARD F BANOWETZ</b>		13b. MOTHER'S MAIDEN NAME <b>CAROLINE NEDRA</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>---</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Leonard Banowetz 4635 Madison</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Atelectasis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Congenital heart</b>  DUE TO (c) <b>---</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>---</b>		INTERVAL BETWEEN ONSET AND DEATH     <b>7544</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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) (m.)	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>7/20</u> , 19 <u>52</u> , to <u>7/20</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>7/20</u> , 19 <u>52</u> , and that death occurred at <u>12:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Name of Doctor or other person) <b>Constance Marshall M.D.</b>		23b. ADDRESS <b>2014 E. 7th St. P.O. Collier.</b>	23c. DATE SIGNED <b>7/21/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 22 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mount Olivet Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
DATE REC'D BY LOCAL REG. <b>7-22-52</b>	REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Swirk &amp; Gode, Co 20 WLinwood</b>	

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.....

*Farrest D Coldenow*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4714*

P. O. Address. *Kansas City 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.