

79248
FILED NOV 25 1953

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 55537
5284

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. CITY OR TOWN KANSAS CITY <i>Rural</i>	
c. LENGTH OF STAY (in this place) 6 days		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL		e. STREET ADDRESS (If rural, give location) 10910 TRUMAN RD. 7000 / 1	
3. NAME OF DECEASED a. (First) RICHARD b. (Middle) DEAN c. (Last) WISNIEWSKI		4. DATE OF DEATH (Month) (Day) (Year) 11 5 53	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 10-30-53
9. AGE (In years last birthday) 6		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME RICHARD WISNIEWSKI	
13b. MOTHER'S MAIDEN NAME Betty Jean Bristol		14. NAME OF HUSBAND OR WIFE	
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. NO	
17. INFORMANT'S SIGNATURE OR NAME Richard Wisniewski		ADDRESS 10910 Truman Rd	
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) Premature 7 Mo - Perforated Stomach 12 hrs DUE TO (b) Pneumonia 2 days DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the disease or condition causing death. Mother had Polio Apr 10, 1953 Was at H. C. Gen Polio center	
19a. DATE OF OPERATION 11-5-53		19b. MAJOR FINDINGS OF OPERATION Perforated stomach	
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)		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 11-4-53, to 11-5, 1953, that I last saw the deceased alive on 11-5, 1953 and that death occurred at 9:45 A.M., from the causes and on the date stated above.	
23a. SIGNATURE M. H. Cascholtz (Degree or title)		23b. ADDRESS 4000 Baltimore	
23c. DATE SIGNED 11-6-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 11/7/53		24c. NAME OF CEMETERY OR CREMATORY Forrest Hill	
24d. LOCATION (City, town, or county) (State) Kansas City Mo.		25. FUNERAL DIRECTOR'S SIGNATURE S.H. Newcomer	
DATE REC'D BY LOCAL REG. 11-7-53		REGISTRAR'S SIGNATURE Geraldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE S.H. Newcomer		ADDRESS 1331 BRUSH CREEK KANSAS CITY MO	

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, Student Embalmer No. working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed *Albert L. Savage*.....

Licensed Embalmer No. *481*.....

P. O. Address *Kansas*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.