

FILED MAY 6 1954

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 12606  
1751

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>MO</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Vinyard Park</u>		e. STREET ADDRESS (If rural, give location) <u>118 S. 1st Ave 3020</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alexander J.</u> b. (Middle) <u>S.</u> c. (Last) <u>Slinski</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-14-54</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>9</u>		8. DATE OF BIRTH <u>Mar 19-1888</u>		9. AGE (In years last birthday) <u>66</u>		10. UNDER 1 YEAR Months		10. UNDER 1 YEAR Days		10. UNDER 1 YEAR Hours		10. UNDER 1 YEAR Min.	
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Elevator operator</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>RC Club</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>9</u>			12. CITIZEN OF WHAT COUNTRY? <u>-</u>		
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13a. FATHER'S NAME <u>-</u>			13b. MOTHER'S MAIDEN NAME <u>-</u>			14. NAME OF HUSBAND OR WIFE <u>-</u>		
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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) <u>-</u>		16. SOCIAL SECURITY NO. <u>490-30-5123A</u>		17. INFORMANT'S SIGNATURE AND NAME <u>Mrs. Frank S. Sabelle</u> ADDRESS <u>3518 Montzall</u>			
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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>Coronary Thrombosis</u>		DUE TO (b) <u>Arteriosclerosis, Hypertension, ?</u>						<u>4-6-54</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>Cirrhosis or the liver</u>						<u>?</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<u>5810</u>	

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 4-6-, 1954, to 4-14-, 1954, that I last saw the deceased alive on 4-14-, 1954, and that death occurred at 2:30 AM from the causes and on the date stated above.

23a. SIGNATURE <u>D. M. Nigro</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1222 McGee St. K.C., Mo.</u>		23c. DATE SIGNED <u>4-15-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>4-19-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>KC Kans</u>	
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DATE REC'D BY LOCAL REG. <u>4-19-54</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Don B. Sogut</u> ADDRESS <u>K.C. Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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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  .....

Licensed Embalmer No. 427

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