

FILED MAY 28 1954

STANDARD CERTIFICATE OF DEATH

State File No. **16073**
2094

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 mo</u>		c. LENGTH OF STAY (In this place) <u>3 1/2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Mo</u>		3398	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>3221 East 77th Street</u>			
3. NAME OF DECEASED (Type or Print) <u>Mrs Mary</u>		a. (First)		b. (Middle)		c. (Last) <u>Nowak</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>May 8 1954</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>9-22-1890</u>		9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR: Months _____ Days _____		IF UNDER 24 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Poland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph Zweski</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Teofil Nowak</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wanda Stevens</u> ADDRESS <u>3221 E 77th St</u>			
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) <u>Circulatory Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) <u>Diabetic Acidosis</u> DUE TO (c) <u>Diabetes</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Thrombosis of Aorta</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>5 days</u> <u>?</u> <u>2 days</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		2607	
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>Sept 25, 1953</u> , to <u>May 8, 1954</u> , that I last saw the deceased alive on <u>May 8, 1954</u> , and that death occurred at <u>1:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert M. Parker</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>520 Argyle Bldg</u>		23c. DATE SIGNED <u>5-10-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-11-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Olivet</u>		24d. LOCATION (City, town, or county) (State) <u>Jackson Co MO</u>	
DATE REC'D BY LOCAL REG. <u>5-10-54</u>		REGISTRAR'S SIGNATURE <u>Gertrude Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>France Wornall</u> ADDRESS <u>Funeral Home</u>			

(Licensed Embalmer's Statement on Reverse Side)

RC MO

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

No. 300
10.48

James Robinson

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
Student Embalmer

Signed

Russell N. Frank

Licensed Embalmer No. 4255

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 this body is not embalmed, fact should be so stated above.