

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27594

State File No. ....

FILED AUG 16 1954

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3358</u>			
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 town or town) <u>(LEEDS) KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>4 MOS</u>		c. CITY FOR TOWN <u>KANSAS CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>KCTB HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>5331 HIGHLAND</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>HELEN</u>			b. (Middle) _____		c. (Last) <u>PASH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 14 1954</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>N</u>		8. DATE OF BIRTH <u>MAR. 15 1888</u>		9. AGE (In years last birthday) Months Days <u>69 3 29</u>	
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>OWN HOME</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>YUGOSLAVIA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>			14. NAME OF HUSBAND OR WIFE <u>FRANK PASH</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>			16. SOCIAL SECURITY NO. <u>495-03-2369</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MARY SMALLEY, 1069 WEBSTER</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY TUBERCULOSIS</u>						<u>0021</u>	
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b) _____							
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS							
		Conditions contributing to the death but not related to the disease or condition causing death.							
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Edward P. Altomare, M.D.</u>				23b. ADDRESS <u>H.C.T.B. HOSP. LEEDS, MO</u>			23c. DATE SIGNED <u>7-14-1954</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7-14-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. CALVARY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, KANSAS</u>			
DATE REC'D BY LOCAL REG. <u>7-15-54</u>		REGISTRAR'S SIGNATURE <u>Heraldine Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>SKRADSKI-STINE</u>		ADDRESS <u>H.C.K.</u>		

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.....  
*Naet Shroddhi*

Licensed Embalmer No. *438*

P. O. Address *R. C. R*

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.