

THE DIVISION OF HEALTH OF MISSOURI
FILED FEB 17 1956 STANDARD CERTIFICATE OF DEATH

State File No. **5033**
Registrar's No. **427**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (in this place) 4 yrs		d. STREET ADDRESS (If rural, give location) 805 Ohio Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION Northeast Restorium			

3. NAME OF DECEASED (Type or Print) BARBARA			a. (First)		b. (Middle)		c. (Last) NOVOGRADAC		4. DATE OF DEATH (Month) (Day) (Year) Jan. 28, 1956			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, 2. WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH ?-?-1872		9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Own home				11. BIRTHPLACE (State or foreign country) Yugoslavia		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Jacob Fracul			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Nick Novogradac					
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. None			17. INFORMANT'S SIGNATURE OR NAME Mrs. Barbara Stovich, Sugar Creek, Mo.			ADDRESS		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident								
		ANTECEDENT CAUSES								
		DUE TO (b) Cardio-vascular disease Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) severe emaciation								
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none							20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) no		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City - Jackson - Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? none	

22. I hereby certify that I attended the deceased from June, 1955, to Jan 28, 1956, that I last saw the deceased alive on Jan 27, 1956, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE K. L. Shireman (Degree or title) D.			23b. ADDRESS K.C. Mo. 4606 St John Ave			23c. DATE SIGNED 1-30-56		
24a. BURIAL CREMATION (REMOVAL) (Specify) Burial		24b. DATE 1-31-1956		24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary		24d. LOCATION (City, town, or county) (State) Kansas City, Kansas		

DATE REC'D BY LOCAL REG. 1-30-56		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE Matt Skradski		ADDRESS K.C.K.	
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Walter J. Shradski

Signed.....

Student Embalmer

Licensed Embalmer No. 4382

P. O. Address, Kansas City, Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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