

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19919

State File No.

2532

FILED JUL 6 1956

BIRTH NO. _____ REG. DIST. NO. 393 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City North</u>		c. CITY OR TOWN <u>Kansas City North</u>	
c. LENGTH OF STAY (in this place) <u>4 years</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>3831 North Flora</u>		e. STREET ADDRESS (If rural, give location) <u>1012 3831 North Flora 5068</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Leo</u>	b. (Middle) <u>Pope</u>	c. (Last) <u>Dellek</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 8 1956</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>Married</u>	8. DATE OF BIRTH <u>Feb. 25, 1904</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver - Builders Steel</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Builders Steel</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ashland Wisconsin</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>John Dellek</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Wilkinskey</u>	14. NAME OF HUSBAND OR WIFE <u>Thelma Dellek</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>No</u>	16. SOCIAL SECURITY NO. <u>487-09-4788</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. Thelma Dellek</u>	ADDRESS <u>3831 No. FLORA</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u>		<u>98 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastatic Carcinoma Lung</u> DUE TO (c) <u>Adens carcinoma Rectum</u>		<u>2 months</u> <u>Probably</u> <u>6-8 months</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>154X</u>

19a. DATE OF OPERATION <u>May 1 1956</u>	19b. MAJOR FINDINGS OF OPERATION <u>Adens carcinoma Rectum metastatic thru Abdomen & to Lung</u>	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) (Min.)	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 4/19, 1956, to 6/8, 1956 that I last saw the deceased alive on 6/8, 1956 and that death occurred at 12:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>James E. Mc Cormick MD</u> (Degree or title)	23b. ADDRESS <u>4030 N. Oak KC 16 Mo</u>	23c. DATE SIGNED <u>6/8/56</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/11/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>East Slope</u>	24d. LOCATION (City, town, or county) (State) <u>Platte County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-9-56</u>	REGISTRAR'S SIGNATURE <u>New Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer</u>	ADDRESS <u>1012 Kansas City 16 Mo.</u>
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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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *John W. Kalsbeek*

Licensed Embalmer No. *4944*

P. O. Address *No. Kense*

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.