

FILED JUL 18 1956

STANDARD CERTIFICATE OF DEATH

State File No. 23895

2789

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

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) 5 MOS		d. STREET ADDRESS (If rural, give location) 708 TENNY	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST MARY'S HOSP.			

3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) LUKAS c. (Last) OBOJNIK			4. DATE OF DEATH (Month) (Day) (Year) 6 - 24 - 1956		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED WIDOWED	8. DATE OF BIRTH 9-20-1859	9. AGE (In years last birthday) 96	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARMAN	10b. KIND OF BUSINESS OR INDUSTRY RAILROAD	11. BIRTHPLACE (State or foreign country) AUSTRIA	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME NOT KNOWN - OBOJNIK	13b. MOTHER'S MAIDEN NAME ANNA - NOT KNOWN	14. NAME OF HUSBAND OR WIFE ANTONIO
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME FRED OBOJNIK	ADDRESS M.C.H.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic gangrene of left leg		not known
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) generalized arteriosclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Eczematoid dermatitis of the back		about two weeks	

19a. DATE OF OPERATION 2 / 27 / 56	19b. MAJOR FINDINGS OF OPERATION Arteriosclerotic gangrene of left leg	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)
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 Feb. 20, 1956, to June 24, 1956, that I last saw the deceased alive on June 24, 1956, and that death occurred at 4:00A. m., from the causes and on the date stated above.

23a. SIGNATURE J.E. Castles (Degree or title) M. D.	23b. ADDRESS 1002 Argyle Building Kansas City, Missouri	23c. DATE SIGNED 6/26/56
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24a. BURIAL, CREMATION, REMOVAL REMOVAL	24b. DATE 6-26-56	24c. NAME OF CEMETERY OR CREMATORY MT CALVARY CEM	24d. LOCATION (City, town, or county) (State) H. C. H.
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DATE REC'D BY LOCAL REG. 6-26-56	REGISTRAR'S SIGNATURE Debra Marshall	25. FUNERAL DIRECTOR'S SIGNATURE F. A. Bering	ADDRESS M.C.H.
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(Licensed Embalmer's Statement on Reverse Side)

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.....

George A. Bising

Signed.....
Student Embalmer

Licensed Embalmer No. 4468

P. O. Address. H. C. No.

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.