

FILED AUG 16 1956

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

28250

Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 353

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>JACKSON</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SUGAR CREEK</u>		c. CITY OR TOWN <u>SUGAR CREEK</u>		d. STREET ADDRESS (If outside, give location) <u>11533 Gill St.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SUGAR CREEK</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>SUGAR CREEK</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>11533 Gill St.</u>		Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>11533 Gill St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>John</u>		Middle <u>G</u>		Last <u>Diesko</u>		Month <u>AUG.</u> Day <u>8.</u> Year <u>1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>1/11/1881</u>	9. AGE (In years last birthday) <u>75</u>		10. IF UNDER 1 YEAR Months <u>6</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		100. KIND OF BUSINESS OR INDUSTRY <u>STANDARD OIL Co.</u>		11. BIRTHPLACE (City and state or country) <u>CZECHOSLOVAKIA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John Diesko</u>				14. MOTHER'S MAIDEN NAME <u>MADELINE PUWAIKOVIC</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-03-10688</u>		17. INFORMANT <u>MARY A. Diesko</u> Address <u>11533 Gill St.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive heart failure</u>						INTERVAL BETWEEN ONSET AND DEATH <u>72 hrs.</u>	
Conditions, if any, which gave rise to above cause (a): stating the underlying cause last.						DUE TO (b) <u>Bronchopneumonia</u>	
						DUE TO (c) <u>arthritis</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <u> </u> Month <u> </u> Day <u> </u> Year <u> </u> a. m. <u> </u> p. m. <u> </u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>1955</u> to <u>Aug 1956</u> and last saw <u>her</u> alive on <u>8-5-56</u> Death occurred at <u> </u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deceased or title) <u>Paul Z Bachman MD.</u>				22b. ADDRESS		22c. DATE SIGNED <u>8-9-56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>8/11/56</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's</u>		23d. LOCATION (City, town, or county) (State) <u>INDEPENDENCE Mo.</u>	
24. FUNERAL DIRECTOR <u>Sheil Funeral Home & Co.</u>		ADDRESS <u>KC Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>8-11-56</u>		26. REGISTRAR'S SIGNATURE <u>James K. Sain</u>	

(Licensed Embalmer's Statement on Reverse Side)

3001-56

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 *Richard C. Carroll*

Licensed Embalmer No. *48*

P. O. Address *H. C. M.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.