Dept. Health, Ed., & Welfare U. S. Public Health Service

V. S. 300 Rev. 1-57

FILED JAN 8 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 44552

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5995

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 6403 Independence Ave — Length of stay in Ib 40 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo
b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 6403 Independence Ave — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First FRANCES Middle JOSEPHINE Last PORAWSKI

4. DATE OF DEATH Month 12 Day 16 Year 57

5. SEX Fem

6. COLOR OR RACE White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH 11/27/1880

9. AGE (In years last birthday) 77 — IF UNDER 1 YEAR Months 0 Days 21 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Ray County, Mo

12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME James A Kincaid

13b. MOTHER'S MAIDEN NAME Ann Eliza Harber

14. NAME OF HUSBAND OR WIFE Frank Porawski (Dec)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. no

17. INFORMANT Address Mrs Blanche Harmon, 6403 Indep Ave., K. C. Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Degeneration — INTERVAL BETWEEN ONSET AND DEATH 6 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Atherosclerosis — 1 year
DUE TO (c) — 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chronic glomerulo-nephritis

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 Dec. 1, 1954, to Dec 16, 1957 and last saw her him alive on Dec 14, 1957
Death occurred at 9 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John K. Caldwell (Degree or title) MD

22b. ADDRESS Kansas City, Mo,

22c. DATE SIGNED 12/17/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 12/19/57

23c. NAME OF CEMETERY OR CREMATORY Mt. Washington

23d. LOCATION (City, town, or county) (State) Kansas City, Mo.

24. FUNERAL DIRECTOR Sheil Funeral Home ADDRESS K C Mo

25. DATE RECD. BY LOCAL REG. 12-18-57

26. REGISTRAR'S SIGNATURE Vera Minshall

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in the specific manner required by 193.140 RSMo 1949. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

John K. Caldwell

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. 4829

P. O. Address K.C. Mo.

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.