

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043956
STATE FILE NUMBER
8865

FILED DEC 30 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5865

| | | | | | |
|---|---------------------------|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Jackson | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3454 Pennsylvania | | Length of stay in lb 51 yrs | d. STREET ADDRESS (If outside, give location) 3454 Pennsylvania | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last ANDREW ASZMUS | | | 4. DATE OF DEATH Month Day Year Dec. 10 1958 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH July 30, 1907 | 9. AGE (In years last birthday) 51 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Master Plumber | | 10b. KIND OF BUSINESS OR INDUSTRY B-O-P | 11. BIRTHPLACE (City and state or country) Kansas City, Kansas | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | |
| 13a. FATHER'S NAME Andrew Aszmus | | 13b. MOTHER'S MAIDEN NAME Stella Day | | 14. NAME OF HUSBAND OR WIFE Dorothy Aszmus | |
| 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. 487-01-8793 | 17. INFORMANT Address Mrs. Dorothy Aszmus, 3454 Pennsylvania | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Ventricular Fibrillation</i> | | | | | INTERVAL BETWEEN ONSET AND DEATH <i>Undet.</i> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Multiple Ventricular & Sinus Node</i> | | | | | <i>Undet.</i> |
| DUE TO (c) <i>Coronary occlusion 1/2 hr.</i> | | | | | <i>35 minute</i> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>coronary artery disease of heart</i> | | | | | 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.) <i>4201</i> | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | | | |
| 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 <i>1949</i> to <i>time of death</i> and last saw him alive on <i>12-10-58</i> Death occurred at <i>6:45</i> p.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <i>Leo M. Muller M.D.</i> | | | 22b. ADDRESS <i>4443 Paseo Blvd</i> | | 22c. DATE SIGNED <i>12-12-58</i> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | | 23b. DATE <i>12-13-1958</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>Floral Hills Cemetery</i> | | 23d. LOCATION (City, town, or county) (State) <i>Kansas City, Missouri</i> |
| 24. FUNERAL DIRECTOR <i>Melody-McGilley-Eylar Funeral Home</i> Woodland-Linwood | | 25. DATE RECD. BY LOCAL REG. <i>12-12-58</i> | 26. REGISTRAR'S SIGNATURE <i>neva Marshall</i> | | |

All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Leo M. Muller

J. Les Miller

4443 Passio

W. 1-5411

11-6 7 Pass

3-5 Pass

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 *Melvin Barteau*

Licensed Embalmer No. *4903*

P. O. Address *RC Ma*

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.