RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-019564

FILED VS MAY 27 1960 149 Registration District No. 1002 Primary Registration District No. 1002 Registrar's No. 2690 STATE FILE NUMBER

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 — Length of stay in 1b: 30 yrs.	c. CITY OR TOWN Kansas City — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital — Inside Limits: Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 1005 Pennsylvania — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: ALEXANDER	Middle: ANTONIO	Last: PAGONAS	4. DATE OF DEATH	Month: May	Day: 14	Year: 1960	
5. SEX: Male	6. COLOR OR RACE: White	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: —	9. AGE (last birthday): 60	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HR: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waiter- retired	10b. KIND OF BUSINESS OR INDUSTRY: Muehlebach Hotel	11. BIRTHPLACE (City and state or country): Vayia, Greece	12. CITIZEN OF WHAT COUNTRY: U.S.A.				
13a. FATHER'S NAME: Unknown	13b. MOTHER'S MAIDEN NAME: Unknown	14. NAME OF HUSBAND OR WIFE: ~~Unknown~~ None					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW # 11- Army	16. SOCIAL SECURITY NO.: 182-03-6729#A	17. INFORMANT: General Hospital Records — Address:					

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) Acute myocardial infarction

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

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 12:01 a.m. 5-14-60 to 1:45 a.m. 5-14-60 and last saw her/him alive on 5-14-60.

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H L Dwyer (Degree or title) MD

22b. ADDRESS 2400 Cherry

22c. DATE SIGNED 5-16-60.

BY AFFIDAVIT OF H. L. Dwyer

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

23b. DATE 5-18-60

23c. NAME OF CEMETERY OR CREMATORY mt - Calvary

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

24. FUNERAL DIRECTOR Mellody-McGilley-Eylar Funeral Home

ADDRESS Woodland-Linwood

25. DATE REC'D BY LOCAL REG. 5-16-60

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

Pick up
General
Record re
Mon - P

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed Arthur Eugene
Signature of Student Embalmer

Licensed Embalmer No. 491

P. O. Address K.C. Mo

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