

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 23 1960

149

4099-60-030846
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. _____

INDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jackson		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 30 YEARS		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 445 Bellefontaine Avenue		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 445 Bellefontaine Avenue		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Joseph Middle Anthony Last Turk				4. DATE OF DEATH Month Aug. Day 8 Year 1960			
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 MAR. 19, 1895	
9. AGE (last birthday) 64		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) WINDOW CLEANER.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) AUSTRIA U. S. A.		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME UNKNOWN TURK		13b. MOTHER'S MAIDEN NAME MARY UNKNOWN		14. NAME OF HUSBAND OR WIFE MRS. FRANCES TURK			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR I		16. SOCIAL SECURITY NO. 487-05-3367		17. INFORMANT MRS. FRANCES TURK Address 445 BELLEFONTAINE AVENUE URSULA, MISSOURI			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
IMMEDIATE CAUSE (a)				60ccemia 5/26.60			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				DUE TO (b) Carcinoma of lungs 1/8th 60			
				DUE TO (c) Tuberculosis of lungs —			
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 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 _____ a.m. _____ p.m.		Month, Day, Year					
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 5-25-60 to 8-7-60 and last saw him alive on 7-28-60		Death occurred at 2:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) A. Saladino, M.D.				22b. ADDRESS 1040 Argyle Pkwy		22c. DATE SIGNED 8-8-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE AUGUST 10, 1960		23c. NAME OF CEMETERY OR CREMATORY MT. CALVARY CEMETERY		23d. LOCATION (City, town, or county) (State) KANSAS CITY KANSAS	
24. FUNERAL DIRECTOR D.W. Newcomers Sons Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 8-9-60		26. REGISTRAR'S SIGNATURE H. L. Dwyer			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

A. Saladino

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marvin H. Preston

Licensed Embalmer No. 5040

P. O. Address K. C. Mo.

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