MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

4162-61-029521
STATE FILE NUMBER

AMENDED

FILED AUG 31 1961

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

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City
Length of stay in 1b: 1½ yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: General Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside city give location): 3702 East 98th Terr.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: James Middle: EMERY Last: Nagy
4. DATE OF DEATH: Month 8 Day 18 Year 61
5. SEX: male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 4-11-15
9. AGE (last birthday): 46
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): Machinist
10b. KIND OF BUSINESS OR INDUSTRY: Chrysler Corp.
11. BIRTHPLACE (City and state or country): Yuma, West Virginia
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: James D. Nagy
13b. MOTHER'S MAIDEN NAME: Susan Kartvelyesi
14. NAME OF HUSBAND OR WIFE: Ada Richards Nagy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWII
16. SOCIAL SECURITY NO.:
17. INFORMANT: Miss Lillian L. Nagy; 3702 E. 98th Terr. Kc. 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): Bleeding esophgeal varices
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Laennec's cirrhosis-- Hepatic coma
DUE TO (c): Chronic alcoholism
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 8-15-61 to 8-18-61 and last saw ~~her~~ him alive on 8-18-61
Death occurred at 7:40 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Frank Ellis (Degree or title)
22b. ADDRESS: 2400 Cherry
22c. DATE SIGNED: 8-18-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-21-61
23c. NAME OF CEMETERY OR CREMATORY: Floral Hills Memorial Gdns.
23d. LOCATION (City, town, or county) (State): Kansas City, Missouri
24. FUNERAL DIRECTOR: Wilbert Funeral Homes (S) KC, Mo.
ADDRESS
25. DATE RECD. BY LOCAL REG.: 8-21-61
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
18b	Laennec's cirrhosis--Hepatic coma		8/10/62
18c	Chronic alcoholism		8/10/62

BY AFFIDAVIT OF attending physician DOCUMENT

JAN 26 1962

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 B. E. Weitert

Licensed Embalmer No. 4075

P. O. Address K.C. 8, 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.