

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-027272 ✓

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2682

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 30 1962	
1. PLACE OF DEATH	
a. COUNTY Jackson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City	a. STATE Kansas b. COUNTY Johnson
Length of stay in 1b 35 yrs.	c. CITY OR TOWN Mission Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1003 Main St. - Rm. 505	d. STREET ADDRESS (If outside, give location) 6009 Catalina Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED	
First SURGIS	Middle WILLIAM Last NAKASHIAN
4. DATE OF DEATH	
Month 7 Day 12 Year 62	
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 4-15-04
9. AGE (last birthday) 58	
IF UNDER 1 YEAR Months Days Hours Min.	
IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician	
10b. KIND OF BUSINESS OR INDUSTRY Medical Doctor	
11. BIRTHPLACE (City and state or country) Tarsus, Armenia	
12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME "unknown" NERSES NAKASHIAN	
13b. MOTHER'S MAIDEN NAME Lucy Vartanian	
14. NAME OF HUSBAND OR WIFE Cleora Nakashian	
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. NONE	
17. INFORMANT Cleora Nakashian; 6009 Catalina Address Mission, Kan.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	
PART I. DEATH WAS CAUSED BY	
IMMEDIATE CAUSE (a) Scale Coronary Thrombosis	
DUE TO (b) Coronary Artery Disease	
DUE TO (c) Atherosclerosis	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 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 June 1961 to July 12-62 and last saw him alive on Oct 1961	
Death occurred at 11:40 a. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) John B. Namson	
22b. ADDRESS 251 E 63rd	
22c. DATE SIGNED 7-14-62	
23a. BURIAL, CREMATION, REAUTOVA (Specify) Burial	
23b. DATE 7-14-62	
23c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery	
23d. LOCATION (City, town, or county) (State) Kansas City Jackson, Mo.	
24. FUNERAL DIRECTOR ADDRESS WEILERT FUNERAL HOMES(S) K.C., MO.	
25. DATE RECD. BY LOCAL REG. 7-14-62	
26. REGISTRAR'S SIGNATURE Ruth N Long	

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JACKSON

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

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

John R. Sidman

Licensed Embalmer No. 4531

P. O. Address Kansas City, 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.