

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034946

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4865 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 8 1962		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		a. STATE Missouri b. COUNTY Jackson	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in lb 2 days		c. CITY OR TOWN Independence	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3505 Harvard	
3. NAME OF DECEASED (Type or print)		First Stanley Middle A. Last Pirogowicz		4. DATE OF DEATH Month 9 Day 21 Year 1962	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/16/91	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor		10b. KIND OF BUSINESS OR INDUSTRY Men's clothes		11. BIRTHPLACE (City and state or country) Poland	
12. CITIZEN OF WHAT COUNTRY U.S		13a. FATHER'S NAME John Pirogowicz		13b. MOTHER'S MAIDEN NAME Emma (unknown)	
14. NAME OF HUSBAND OR WIFE Sophia F. Pirogowicz		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I		16. SOCIAL SECURITY NO. WW I	
17. INFORMANT Wife		Address 3505 Harvard Indep., Mo.		18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Acute myocardial Infarction		DUE TO (b) Arteriosclerotic Coronary artery thrombosis		DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus		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		INTERVAL BETWEEN ONSET AND DEATH 24 hrs	
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.)	
20c. TIME OF INJURY Hour 8:40/p Month, Day, Year July 15, 1962		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
20f. CITY, TOWN, OR LOCATION Independence		COUNTY Mo		STATE Mo	
21. I attended the deceased from July 15, 1962 to Sept 21, 1962 last saw him alive on Sept 21, 1962		Death occurred at 8:40/p on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Edward H. Fischer M.D. (Degree or title)		22b. ADDRESS 306 E 21st Ave 16 Mo		22c. DATE SIGNED 9-23-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/24/62		23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet	
23d. LOCATION (City, town, or county) Kansas City, Mo.		23e. DATE RECD. BY LOCAL REG. 9-23-62		23f. REGISTRAR'S SIGNATURE Ruth Long	
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar		ADDRESS Linwood & Main			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 ITEM NO. SHOULD READ
 INSTEAD OF
 DOCUMENT
 BY AFFIDAVIT OF

VS 300 Rev. 4/59
 1
 27005
 3
 4 0
 5 1
 6
 7 2
 8 0
 94201
 10
 11
 128-0
 13

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

Wm. D. Bent

Licensed Embalmer No.

5038

P. O. Address

R. C. 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.