

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-028134

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4184

STATE FILE NUMBER

FILED AUG 14 1963

DO NOT WRITE ON THIS STUB

AMENDED

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		Length of stay in 1b 1 day	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 428 N. 5th Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) HENRY M. BARTOLAC			4. DATE OF DEATH Month July Day 25 Year 1963
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. 10-21-1898
9. AGE (last birthday) 64		IF UNDER 1 YEAR Months 64 Days 0 Hours 0 Min. 0	IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) Kansas City, Kansas
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME George Bartolac	
13b. MOTHER'S MAIDEN NAME Barbara Crnic		14. NAME OF HUSBAND OR WIFE Alice Bartolac	
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. -	17. INFORMANT Address Mrs. Alice Bartolac, 428 N. 5th, KCK
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) Segmental Arteriosclerosis of Coronary DUE TO (c) Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 36 hrs 24 hrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cardiomegaly			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 checked="" 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 11:55 a.m. 11 p.m. 11	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.) A.M.	20f. CITY, TOWN, OR LOCATION COUNTY KANSAS STATE KANSAS
21. I attended the deceased from 1-22-60 to 7-25-63 and last saw him alive on 7-25-60 Death occurred at 11:55 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Hughert M. Parker MD		22b. ADDRESS 928 Argyle Bldg	22c. DATE SIGNED 7-26-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-27-1963	23c. NAME OF CEMETERY OR CREMATORY Mt. Calvary	23d. LOCATION (City, town, or county) (State) Kansas City, Kansas
24. FUNERAL DIRECTOR Matt Skradski ADDRESS Skradski Funeral Home, KCK		25. DATE RECD. BY LOCAL REG. 7-26-63	26. REGISTRAR'S SIGNATURE Ruth Song

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

VS 300 Rev. 4/59
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DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Hughert M. Parker

60710

0-1-1-1

0-98

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 Must Shredshi

Licensed Embalmer No. 4382

P. O. Address KCK

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.