

FILED SEP 17 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30513

State File No. ....

3768

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3768

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>RICHMOND MO</u> b. COUNTY <u>RAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RICHMOND</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESEARCH HOSPITAL</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>TONY</u> b. (Middle) _____ c. (Last) <u>PISHA</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 1 1949</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWER</u>	8. DATE OF BIRTH <u>April 4, 1877</u>
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Coal Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Bohemia</u>
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>unknown</u>	
13b. MOTHER'S MAIDEN NAME <u>unknown</u>		13c. NAME OF HUSBAND OR WIFE <u>Josephine Pisha</u>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		15. SOCIAL SECURITY NO. _____	16. INFORMANT'S SIGNATURE OR NAME <u>Pat Pisha</u> ADDRESS <u>1204 Ewing</u>
17. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Kidney failure - Complete anuria</u> DUE TO (c) <u>Prostatic hypertrophy</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Arteriosclerosis, chronic myocarditis</u>	
18. INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>		19. DATE OF OPERATION _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>8-26</u> , 19 <u>49</u> , to <u>9-1</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>8-31</u> , 19 <u>49</u> , and that death occurred at <u>2 a</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W. W. Greene</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1103 Grand, Kansas City, Mo.</u>	
23c. DATE SIGNED <u>9-1-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>	
24b. DATE <u>9-3-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunny Slope</u>	
24d. LOCATION (City, town, or county) (State) <u>Richmond, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas J. Carter</u> ADDRESS <u>Richmond, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-1-49</u>		REGISTRAR'S SIGNATURE <u>Theraldine Holmes</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 17 1949

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**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.

Signed..... *Thomas J. Carter* .....

Signed.....  
Student Embalmer

Licensed Embalmer No. *4474*

P. O. Address *Richmond, 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 this body is not embalmed, fact should be so stated above.