

FILED MAR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9638

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>301</u>		PRIMARY REG. DIST. NO. <u>4450</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>Ripley</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Ripley</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Doniphan</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Oxly</u>		_____	
d. FULL NAME OF HOSPITAL OR INSTITUTION XXXXXXXXXX				d. STREET ADDRESS (If rural, give location) <u>Oxly</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u>			b. (Middle) _____			c. (Last) <u>Dusza</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 21 1949</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	
8. DATE OF BIRTH <u>Oct. 9, 1894</u>		9. AGE (In years last birthday) <u>52</u>		IF UNDER 1 YEAR: Months <u>4</u> Days <u>12</u>		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Black smith</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>black smith</u>		11. BIRTHPLACE (State or foreign country) <u>Pittsburg Penn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Tophal Dusza</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Shemwell</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Dusza Oxly, Mo.</u>			
18. 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>Carcinoma of Prostate and Urinary Bladder</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>197X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
19a. DATE OF OPERATION <u>none</u>		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) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>21 Oct.</u> , 1947, to <u>21 Feb.</u> , 1949, that I last saw the deceased alive on <u>21 February</u> , 1949, and that death occurred at <u>12:35 p m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. R. Kozel M.D.</u>		23b. ADDRESS <u>Doniphan, Mo.</u>		23c. DATE SIGNED <u>24 Feb. '49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 24/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oxly</u>		24d. LOCATION (City, town, or county) (State) <u>Oxly Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-24-49</u>		REGISTRAR'S SIGNATURE <u>E. O. Johnston's 277</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bisk Funeral Home, Taylor, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

91-0

RECEIVED 3-3-49
District Health Officer No. 6,
District File Number 3-49-181
Date Filed 3-21-49

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 Syvan Mc Card
.....
Licensed Embalmer No. 4079

Signed.....
Student Embalmer

P. O. Address Naylor, 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.