

FILED JUL 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19922

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5572</u>		Registrar's No. <u>99</u>		
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Prairie Township		c. LENGTH OF STAY (In this place) 7 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, Mo. RR 9				
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson Co. Emergency Hospital				d. STREET ADDRESS (If rural, give location) 43rd & Pittman				
3. NAME OF DECEASED (Type or Print) Theodore			a. (First)	b. (Middle)	c. (Last) Fularczik	4. DATE OF DEATH (Month) (Day) (Year) May 30, 1949		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Jan. 25, 1869		9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Dansig, Germany		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME John Fularczik			13b. MOTHER'S MAIDEN NAME Otetia Dombuski		14. NAME OF HUSBAND OR WIFE Ida Fularczik (deceased)			
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'S SIGNATURE OR NAME Fred G. Vogel					ADDRESS Kansas City, Mo. RR 9
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Obstructive jaundice ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unknown cause DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Jagred left foot					INTERVAL BETWEEN ONSET AND DEATH 4 wks 586X 2 wks	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 21 May, 1949 , to 30 May, 1949 , that I last saw the deceased alive on _____, 19____, and that death occurred at 3:15 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE Frank E. Johnson				23b. ADDRESS Independence, Mo.		23c. DATE SIGNED 31 May 49		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE 1, 1949	24c. NAME OF CEMETERY OR CREMATOR BROOKINGS CEM.		24d. LOCATION (City, town, or county) RAYTOWN, MO.				
DATE REC'D BY LOCAL REG. June 1, 1949	REGISTRAR'S SIGNATURE Donald C. Ernsbacher		FUNERAL DIRECTOR'S SIGNATURE Geo. C. Benson		ADDRESS Independence, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

JUN 3 0 RECD

number

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

John M. Heiman

Student Embalmer No. *269*

working under my personal supervision.

Student *John M. Heiman*
Student Embalmer

Signed *R. A. Lisle*

Licensed Embalmer No. *4123*

P. O. Address *Independence, 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.