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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15958

State File No.

FILED JUN 12 1950

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 668

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| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>1117</u> | |
| c. LENGTH OF STAY (In this place) <u>26 Hours</u> | | d. STREET ADDRESS (If rural, give location) <u>819 South 19th St.</u> <u>0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Antonina</u> b. (Middle) <u>Barbara</u> c. (Last) <u>Pyszora</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 4, 1950</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Sept. 16, 1866</u> | 9. AGE (In years last birthday) <u>83</u> | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Work</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u> | 11. BIRTHPLACE (State or foreign country) <u>Poland</u> <u>4</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

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| 13a. FATHER'S NAME <u>Julius Gratz</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Joseph S.</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Francis Dray</u> ADDRESS <u>819 So. 19th St.</u> |
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| 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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>26 Hours</u> <u>59/160</u> <u>16</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Second and third Degree Burns to 90% of Body Surface</u> | | |
| | ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>131</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Joseph Buchanan Mo</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 3 1950 8:00 p.m.</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Gas Explosion - igniting clothing</u> |

22. I hereby certify that I attended the deceased from 6-3 1950, to 6-4 1950, that I last saw the deceased alive on 6-4 1950, and that death occurred at 6:15 A.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Wm. B. Rost M.D.</u> | 23b. ADDRESS <u>510 Corby Bldg</u> | 23c. DATE SIGNED <u>6-4-50</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>June 6, 1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Joseph Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>June 7, 1950</u> | REGISTRAR'S SIGNATURE <u>G. B. Jenkins</u> <u>382</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman W. Eidenfaden</u> ADDRESS <u>1802 Union St</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 6 1950

JUN 12 1950

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 _____

Ermer Thomas

Signed _____
Student Embalmer

Licensed Embalmer No. 2640

P. O. Address St. Joseph, M.

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.