

BIRTH NO. **33079-50** REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **191**

0142

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

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Callaway</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Fulton</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Fulton</b>	
c. LENGTH OF STAY (In this place) <b>2 Days</b>		d. STREET ADDRESS (If rural, give location) <b>Rural</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Callaway Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Thomas Phillip</b> b. (Middle) <b>Phillip</b> c. (Last) <b>Dzurick</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 6 1950</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Infant</b>	8. DATE OF BIRTH <b>June 4, 1950</b>	9. AGE (In years last birthday) <b>40</b>	IF UNDER 1 YEAR Months <b>2</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Fulton, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Russell Dzurick</b>		13b. MOTHER'S MAIDEN NAME <b>Sara Phillips</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Russell Dzurick</b>	
				ADDRESS	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Premature (+6 weeks)</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Placenta previa longuola (Natural cause)</b>		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **6/4, 1950**, to **6/6, 1950**, that I last saw the deceased alive on **6/6, 1950**, and that death occurred at **10<sup>00</sup> a. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Henry Dzurick, M.D.</b> (Degree or title)	23b. ADDRESS <b>Fulton, Mo.</b>	23c. DATE SIGNED <b>6/8/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 6, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hillcrest</b>	24d. LOCATION (City, town, or county) (State) <b>Fulton, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>June 8 1950</b>	REGISTRAR'S SIGNATURE <b>Maretha Lawrence</b>	426	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wallace Funeral Home</b>	ADDRESS <b>Fulton Mo</b>
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RECEIVED JUN 13 1954  
District Health Officer No. 9,  
District File 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 \_\_\_\_\_

..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed Wesley C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton 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.