No. 300
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FILED OCT 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32733

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5123 Registrar's No. 1179

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Agency Twp.
c. LENGTH OF STAY (In this place): 30 Min
d. FULL NAME OF HOSPITAL OR INSTITUTION: 2½ Miles So. E of Agency, Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Joseph 0117
d. STREET ADDRESS (If rural, give location): 601 Hall St. 1

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Francis
c. (Last): Buczek

4. DATE OF DEATH (Month) (Day) (Year): Oct. 22, 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 31, 1926
9. AGE (In years last birthday): 23 — 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): Asst. Foreman Beef
10b. KIND OF BUSINESS OR INDUSTRY: Cooler Packing Co. St. Joseph, Mo.
11. BIRTHPLACE (State or foreign country): O
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Frank Buczek
13b. MOTHER'S MAIDEN NAME: Dora Kaczak
14. NAME OF HUSBAND OR WIFE: Jacqueline

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 486-30-0362
17. INFORMANT'S SIGNATURE OR NAME: Mr Frank Buczek — ADDRESS: St Joseph, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal Chest injuries — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Fracture of right arm, right — 581.2
DUE TO (c) thigh and right ankle

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Fracture left thigh — 39

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Numerous bruises and abrasions about face, Chest and abdomen
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm
21c. (CITY, TOWN, OR TOWNSHIP) 011 (COUNTY) (STATE): Agency Twp. Buchanan Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10-22-50 11:50a
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Airplane Crash

22. *I hereby certify that I ~~attended~~ viewed the deceased on* 10-22-50 *19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 11:50a *m., from the causes and on the date stated above.*

23a. SIGNATURE: H F Mundy M D, Coroner (Degree or title)
23b. ADDRESS: St Joseph Mo
23c. DATE SIGNED: 10/23/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 25, 50
24c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
24d. LOCATION (City, town, or county) (State): St. Joseph, Mo.

DATE REC'D BY LOCAL REG.: Oct 25, 1950
REGISTRAR'S SIGNATURE: Carl E. Asch 446
25. FUNERAL DIRECTOR'S SIGNATURE: Herman Wm Lidenfadin — ADDRESS: 1802 Union St

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 30 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 Robert L. Yaple

Signed .....
Student Embalmer

Licensed Embalmer No. 3308

P. O. Address St Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.