

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36479

State File No.

FILED DEC 10 1951

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1246

1. PLACE OF DEATH

a. COUNTY Buchanan

b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph

c. LENGTH OF STAY (in this place) 60 Yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 825 So. 18th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri b. COUNTY Buchanan

c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph

d. STREET ADDRESS (If rural, give location) 825 South 18th

3. NAME OF DECEASED

a. (First) Pauline b. (Middle) _____ c. (Last) Wisniewski

4. DATE OF DEATH Dec. 2, 1951

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Feb. 2, 1870 9. AGE (in years last birthday) 81

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY At Home 11. BIRTHPLACE (State or foreign country) Poland 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Unkonwn 13b. MOTHER'S MAIDEN NAME Unkonwn 14. NAME OF HUSBAND OR WIFE Frank Wisniewski

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. None 17. INFORMANT'S SIGNATURE OR NAME Thomas Wisniewski ADDRESS St. Joseph, Mo.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary occlusion

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arteriosclerotic heart disease

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Hypo-static bronchial pneumonia

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 11-27-51, 1951, to 12-2-51, 1951, that I last saw the deceased alive on 12-2-51, 1951; and that death occurred at 7:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE: E. Han die (Degree or title) M. D. 23b. ADDRESS 511 Physician & Surgeons Bldg., St. Joseph, Missouri 23c. DATE SIGNED 12-2-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 12-5-51 24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet 24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.

DATE REC'D BY LOCAL REG. Dec 4, 1951 REGISTRAR'S SIGNATURE Carl C. Castle 25. FUNERAL DIRECTOR'S SIGNATURE Sherman W. Sidenfaden ADDRESS 1802 Mumford

(Licensed Embalmer's Statement on Reverse Side)

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

0117

DEC 11 1951

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed..... *Robert H. Goble*

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 with the above constitutes grounds for revocation of license.)

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