

FILED JAN 21 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 343

0119

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

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 37	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. LENGTH OF STAY (in this place) 7 weeks		c. CITY (If outside corporate limits, write RURAL and give township) Rural - Center Twsp. 0119			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital				d. STREET ADDRESS (If rural, give location) R.F.D. # 6, St. Joseph			
3. NAME OF DECEASED (Type or Print) DRAGA		a. (First)		b. (Middle)		c. (Last) ZUPTICH	
4. DATE OF DEATH (Month) (Day) (Year) 1 9 1952		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 10-5-1891		9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months Days		IF UNDER 6 WKS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Yugoslavia 8		12. CITIZEN OF WHAT COUNTRY? USA 1941	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Philip Zuptich			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Philip Zuptich Jr. 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma in abdomen</u> <u>generalized, with cachexia.</u> PRECEDENT CAUSES DUE TO (b) <u>Sites of origin undetermined</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1) Non-functioning Gall Bladder</u> <u>2) Colon diverticulosis</u> <u>3) Belms med</u>				INTERVAL BETWEEN ONSET AND DEATH ?	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION <u>Abdominal Peritonitis - Carcinomatous cells in fluid</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 199-1					
22. I hereby certify that I attended the deceased from 3-6 150, to 1-9 1952, that I last saw the deceased alive on 1-9 1952, and that death occurred at 4:50P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wm B Rost</u>				23b. ADDRESS 50 Carby Bldg		23c. DATE SIGNED 1-11-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-12-1952		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo. 0	
DATE REC'D BY LOCAL REG. Jan. 15, 1952		REGISTRAR'S SIGNATURE Carl E. Cas...		25. FUNERAL DIRECTOR'S SIGNATURE John A. ...		ADDRESS St. Joseph, Mo.	

