

STANDARD CERTIFICATE OF DEATH

3998

State File No.

FEB 18 1952

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 156

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) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph, 0117	
c. LENGTH OF STAY (In this place) 52 Yrs		d. STREET ADDRESS (If rural, give location) 823 So. 23rd St. 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 823 So. 23rd St.			

3. NAME OF DECEASED (Type or Print) a. (First) Valentine b. (Middle) John c. (Last) Baranoski			4. DATE OF DEATH (Month) (Day) (Year) Feb. 6, 1952			
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Feb. 14, 1870	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired (16)		10b. KIND OF BUSINESS OR INDUSTRY C.B.& Q.R.R. Co.		11. BIRTHPLACE (State or foreign country) Poland 4		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Baranoski		13b. MOTHER'S MAIDEN NAME Mary Riesiak		14. NAME OF HUSBAND OR WIFE Mary Baranoski	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Lawrence Orzel	
				ADDRESS 823 So. 23rd	

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) Arteriosclerotic Heart with Acute Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis General DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH ? 1 @ 2 ?	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) m.		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 1-31, 1952 to 2-6, 1952, that I last saw the deceased alive on 2-3, 1952, and that death occurred at 12:30a m., from the causes and on the date stated above.

23a. SIGNATURE Wm B Rootm D (Degree or title)		23b. ADDRESS 510 Carby Bldg		23c. DATE SIGNED 2-6-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0		24b. DATE 2-9-52		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	
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DATE REC'D BY LOCAL REG. Feb 11, 1952		REGISTRAR'S SIGNATURE Carl C. Casp 446		25. FUNERAL DIRECTOR'S SIGNATURE Herman W. ...		ADDRESS 1802 ...	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed.....

Licensed Embalmer No. 5308

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.