

No. 300
10.48
FILED JUL 28 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23665

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 765

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>0117</u>	
c. LENGTH OF STAY (In this place) <u>3 years</u>		d. STREET ADDRESS (If rural, give location) <u>1621 Prospect</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1621 Prospect</u>		e. STREET ADDRESS <u>1621 Prospect</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) _____ c. (Last) <u>Budzinowski</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7/15/52</u>	
5. SEX <u>0</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 8, 1907</u>
9. AGE (In years last birthday) <u>45</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Packing House Empl.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Asst. Foreman</u>	11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John Budzinowski</u>	
13b. MOTHER'S MAIDEN NAME <u>Josephine Brotsch</u>		14. NAME OF HUSBAND OR WIFE <u>Mary J</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-01-6780</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. John Budzinowski</u>		ADDRESS <u>St. Joseph</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Bronchopneumonia - Hemiparesis</u> ANTECEDENT CAUSES <u>a. Anemia</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>592 X</u>	
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 <u>August, 1951</u> , to <u>7-15</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>7-14</u> , 19 <u>52</u> , and that death occurred at <u>2:00</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Carl C. Casper M.D.</u>		23b. ADDRESS <u>St. Joseph Mo</u>	
23c. DATE SIGNED <u>7-16-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/17/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemo</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>
DATE REC'D BY LOCAL REG. <u>July 21, 1952</u>	REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Barry</u>	ADDRESS <u>St. Joseph Mo.</u>

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

AUG 4 1952

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 Victor Barry

Licensed Embalmer No. 42 M (42)

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.