

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **37779**

FALL DEC 8 1952		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 1243	
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. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		0117	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1116 So. 16th St.				d. STREET ADDRESS (If rural, give location) 1116 So. 16th St.			
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Frank c. (Last) Slibowski			4. DATE OF DEATH (Month) (Day) (Year) Nov. 26, 1952				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 29, 1879		9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 73	IF UNDER 1 YEAR Days 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Salesman		10b. KIND OF BUSINESS OR INDUSTRY Insurance		11. BIRTHPLACE (State or foreign country) Unknown		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Michael Slibowski		13b. MOTHER'S MAIDEN NAME Anna		14. NAME OF HUSBAND OR WIFE Josephine Slibowski			
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. 499-20-1513		17. INFORMANT'S SIGNATURE OR NAME Mrs. F. J. Slibowski, St. Joseph			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Lung					INTERVAL BETWEEN ONSET AND DEATH 2 mo.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	II. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
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) 163x			
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 Oct , 1952, to Nov 26, 1952 , that I last saw the deceased alive on Nov 26, 1952 , and that death occurred at 12:10 Pm. , from the causes and on the date stated above.							
23. SIGNATURE F. J. Slibowski				23b. ADDRESS 902 Edmund - City		23c. DATE SIGNED 11/28/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 29, 1952		24c. NAME OF CEMETERY OR CREMATORY Ht. Olivet		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	
DATE REC'D BY LOCAL REG. December 2, 1952		REGISTRAR'S SIGNATURE Carl C. Cast		25. FUNERAL DIRECTOR'S SIGNATURE Victor Barry ADDRESS St. Joseph, Mo.			

(Licensed Embalmers' Statement on Reverse Side)

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 _____

Student Embalmer No. 4

working under my personal supervision.

Student
Student Embalmer

Signed Victor Barry

Licensed Embalmer No. 4212

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.