

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

359

FILED JAN 26 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 91

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

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>519 Kentucky St.</u>	
c. LENGTH OF STAY (in this place) <u>42 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>St. Joseph</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LILLIAN</u> b. (Middle) _____ c. (Last) <u>PAWLOWSKI</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 19 1953</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4-30-1888</u>
9. AGE (In years last birthday) <u>64</u>		# UNDER 1 YEAR Months _____ Days _____	# UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Lithuania</u>
12. CITIZEN OF WHAT COUNTRY? <u>Nat. USA</u>			
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Bruno Pawlowski</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bruno Pawlowski, 519 Kentucky St.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic carcinoma</u> ANTECEDENT CAUSES <u>Carcinoma cervix</u> DUE TO (b) _____ DUE TO (c) <u>171X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Essential hypertension</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>7 1/2 hrs</u>			
19a. DATE OF OPERATION <u>Oct 52</u>	19b. MAJOR FINDINGS OF OPERATION <u>As above</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)	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>Jan 19, 1953</u> to <u>Jan 19, 1953</u> , that I last saw the deceased alive on <u>Jan 19, 1953</u> and that death occurred at <u>5:00 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>902 Edmond</u>	23c. DATE SIGNED <u>1/20/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-21-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Jan. 24, 1953</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] St. Joseph, Mo.</u>	

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

John E. Rupp

Licensed Embalmer No. *2686*

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^s is not embalmed, fact^s should be so stated above.