

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8821

State File No.

FILED MAR 30 1953

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 369

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>St. Joseph</u> <u>0117</u>	
c. LENGTH OF STAY (In this place) <u>34 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>104 1/2 No. 2nd St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>104 1/2 No. 2nd St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>DULCAN</u> c. (Last) <u>DULCAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 24 / 53</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Unknown</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad Employee</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Section Hand</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Romania</u>	
12. CITIZEN OF WHAT COUNTRY? <u>Romania</u>		13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>none</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>710-16-6975</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>George Dulcan, St. Joseph, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. INTERVAL BETWEEN ONSET AND DEATH <u>3 years (est)</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the Urinary bladder</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Man died while alone in his hotel room, after a bed illness for 2 weeks</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		21. DATE OF OPERATION <u>181X</u>	
21. ANTECEDENT CAUSES (Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.) DUE TO (b) <u>bladder</u> DUE TO (c) <u>Man died while alone in his hotel room, after a bed illness for 2 weeks</u>		22. I hereby certify that I attended the deceased from <u>no 3/24, 1953</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:15 P. m.</u> , from the causes and on the date stated above.	

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?	
23a. SIGNATURE (Degree or title) <u>H. F. Mundy, M.D. (Coroner)</u>		23b. ADDRESS <u>St. Joseph Mo</u>		23c. DATE SIGNED <u>3/24/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 27/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor B. Barry</u>		ADDRESS <u>22450/10</u>	

DATE REC'D BY LOCAL REG. <u>March 27, 1953</u>		REGISTRAR'S SIGNATURE <u>Esther M. Allison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor B. Barry</u>	
		ADDRESS <u>485</u>		ADDRESS <u>22450/10</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 Victor J 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.