

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4091

State File No.

FILED MAR 8 1954

 BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 216

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 OR TOWN <u>St. Joseph</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>45 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>320 E. Cliff St.</u> <u>01170</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>320 E. Cliff St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>WASYL</u> c. (Last) <u>STOROZ</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 21 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12-24-1889</u>
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Armour & Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Austria</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Fedor Storoz</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Paulyk</u>	14. NAME OF HUSBAND OR WIFE: <u>Maty Storoz</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>487-09-1962</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Katy Storoz, 320 E. Cliff St.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION <u>St. Joseph, Mo.</u> INTERVAL BETWEEN ONSET AND DEATH <u>? years</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u>		ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis, generalized</u> ?	
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arthritis, generalized. Emphysema</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</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>May 16, 1949</u> , to <u>Feb. 21, 1954</u> , that I last saw the deceased alive on <u>Feb. 20, 1954</u> , and that death occurred at <u>7:10A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>William C. McDonald</u> M. D.		23b. ADDRESS <u>301 N. 8th St., St. Joseph, Mo.</u>	23c. DATE SIGNED <u>2-24-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-24-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>
DATE REC'D BY LOCAL REG. <u>Mar. 1, 1954</u>	REGISTRAR'S SIGNATURE <u>Esther M. Allison</u> <u>485</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>St. Joseph, Mo.</u>	

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..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Allen C. Boyan*.....

Licensed Embalmer No. *479*.....

P. O. Address *St. Joseph*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.