

STANDARD CERTIFICATE OF DEATH

BIRTH NO. **FILED APR 5 1954** REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **83**

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Camden	
b. CITY (If outside corporate limits, write RURAL and give township) Columbia	c. LENGTH OF STAY (in this place) 26 days	c. CITY OR TOWN Stoutland	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Ellis Fischel State Cancer Hosp		e. STREET ADDRESS (If rural, give location) R. R # 1 0150 /	

3. NAME OF DECEASED (Type or Print) a. (First) Lawrence b. (Middle) Joseph c. (Last) Baranowski		4. DATE OF DEATH (Month) (Day) (Year) Mar 23 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 5 - 1905
9. AGE (In years last birthday) 48		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (City and State or Foreign Country) Cadumet City, Illinois

12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Michael Baranowski	
13b. MOTHER'S MAIDEN NAME Lettie Baranowski		14. NAME OF HUSBAND OR WIFE Lettie Baranowski	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (m. no. or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hospital Record, EFSC Hosp, Columbia	
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CAUSE OF DEATH Enter only one cause per box for (a), (b), and (c) <i>These are not meant to be a means of dying, such as heart failure, asthma, etc. If organs the disease, injury, or complications which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lower nephron nephrosis		INTERVAL BETWEEN ONSET AND DEATH 13 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Obstruction of small intestine following oper.		13 days
	DUE TO (c) Epidermoid carcinoma of anus.		Unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 3-3-54	19b. MAJOR FINDINGS OF OPERATION As above	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) 191X
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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?
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22. I hereby certify that I attended the deceased from **3-4**, 19**54**, to **3-23**, 19**54**, that I last saw the deceased alive on **3-23**, 19**54** and that death occurred at **2:5A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Richard E. Johnson, M.D.	23b. ADDRESS Columbia, Mo	23c. DATE SIGNED 3-23-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/25/54	24c. NAME OF CEMETERY OR CREMATORY High Point Cemetery	24d. LOCATION (City, town, or county) (State) Camden Co. Mo.
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DATE REC'D BY LOCAL REG. Mar 27 1954	REGISTRAR'S SIGNATURE Mrs R E Palmer	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Virgil Evans, Stoutland Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

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Columbia, Mo
3-23-54

APR 2 1958

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 *Carsey M. Howe*.....

Licensed Embalmer No. *422*

P. O. Address *Lebanon*.....

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.