

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7754**

BIRTH NO. **FILED MAR 29 1954** REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **316**

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) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph	
c. LENGTH OF STAY (In this place) 83 Yrs.		d. STREET ADDRESS (If rural, give location) 903 So. 17th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 903 So. 17th St.			

3. NAME OF DECEASED (Type or Print) a. (First) VERONICA		b. (Middle)		c. (Last) BARCZAK		4. DATE OF DEATH (Month) (Day) (Year) Mar. 18, 1954	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 15, 1866	
9. AGE (In years last birthday) 88		10. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Prussia		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Home			

13a. FATHER'S NAME Anthony Geogorski		13b. MOTHER'S MAIDEN NAME Eva (Unknown)		14. NAME OF HUSBAND OR WIFE Martin Barczak	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mo. ADDRESS Frank and Joseph Barczak, St. Joseph	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH under	
ANTECEDENT CAUSES		DUE TO (b) arteriosclerosis generalis		under	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

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) 334 X	
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 **3-2**, 1954 to **3-18**, 1954, that I last saw the deceased alive on **3-16**, 1954, and that death occurred at **4:40 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>Clarence R. ...</i>		(Degree or title) Dr.		23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED 3-19-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 20, 1954		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	

DATE REC'D BY LOCAL REG. Mar 24, 1954		REGISTRAR'S SIGNATURE <i>Kathleen M. Allison</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berry Funeral Home, St. Joseph, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

112 5121013

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 m

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.