

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

11826

State File No.

FILED APR 19 1954

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5466 Registrar's No. 365

1. PLACE OF DEATH		2. USUAL RESIDENCE <small>Where deceased lived. If institution: residence before admission.</small>	
a. COUNTY <u>GREENE</u>		a. STATE <u>New York</u> b. COUNTY <u>Kings</u>	
b. CITY OR TOWN <u>Rural, S. Campbell Twp.</u>		c. CITY OR TOWN <u>Brooklyn</u>	
c. LENGTH OF STAY (in this place) <u>1 mo. 6 days</u>		d. STREET ADDRESS (If rural, give location) <u>970 Belmont Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Medical Center for Federal Prisoners</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Christ</u>	b. (Middle)	c. (Last) <u>Stipanich</u>	(Month) <u>April</u>	(Day) <u>8</u>	(Year) <u>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>Dec. 25, 1903</u>	9. AGE (In years last birthday) <u>50</u>	10. MONTHS <u>0</u>	11. DAYS <u>0</u>	12. HOURS <u>0</u>	13. MIN. <u>0</u>
---------------------------	--------------------------------------	--	--	--	----------------------------	--------------------------	---------------------------	--------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Painting Contractor</u>	11. BIRTHPLACE (State or foreign country) <u>Austria</u>	12. CITIZEN OF WHAT COUNTRY? <u>Nat. USA</u>
---	---	---	---

13a. FATHER'S NAME <u>John Stipanich</u>	13b. MOTHER'S MAIDEN NAME <u>Lucy Dusetio</u>	14. NAME OF HUSBAND OR WIFE <u>Mary (Gager) Stipanich</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>103-05-5206</u>	17. INFORMANT'S SIGNATURE OR NAME <u>FILE:M.C.F.P., Springfield, Missouri</u>	18. ADDRESS
--	---	--	--------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Carcinoma of stomach</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>3-24-54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Inoperable carcinoma of stomach</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) (Min.) _____	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 the Medical Staff attended the deceased from March 3, 1954, to April 8, 1954, that I last saw the deceased alive on April 8, 1954, and that death occurred at 3:15p m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. C. Rinck</u> (Degree or title) <u>M. D., Clinical Director</u>	23b. ADDRESS <u>Medical Center for Fed. Prisoners, Springfield, Missouri</u>	23c. DATE SIGNED <u>4-9-54</u>
--	---	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4/10/1954</u>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <u>Brooklyn, New York</u>
---	-----------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>4-13-54</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Core Goodwin</u>	ADDRESS <u>Springfield, Mo.</u>
--	--	---	--

(Licensed Embalmer's Signature on Reverse Side)

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

SPRINGFIELD, MISSOURI

613 West Walnut

APR 25 1955

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 _____

Harry C. [Signature]

Licensed Embalmer No. 4594

P. O. Address Springfield, Missouri

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.