

FILED SEP 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26198**

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 72

0051

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

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u>		c. CITY OR TOWN <u>Rural (Purdy)</u>	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 <u>St. Vincent Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Rural Corsicana</u>	
3. NAME OF DECEASED a. (First) <u>ANELA</u>		b. (Middle) <u>POZNIAK</u>	
c. (Last) <u>POZNIAK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 31, 1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 12, 1887</u>
9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>19</u>	IF UNDER 24 HRS. Hours <u>19</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Corsicana, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Frank S. Belka</u>	
13b. MOTHER'S MAIDEN NAME <u>Pauline Stetner</u>		14. NAME OF HUSBAND OR WIFE <u>Bartholomew Pozniak</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Bart Pozniak</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> 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 <u>Chronic Glomerulonephritis 2 1/2 yrs</u> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331 X</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 checked="" 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>Mar 1, 1951</u> to <u>Aug 31, 1954</u> , that I last saw the deceased alive on <u>Aug 31, 1954</u> , and that death occurred at <u>10:40 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>J. E. Edwards M.D.</u>		23b. ADDRESS <u>Monett, Mo.</u>	
23c. DATE SIGNED <u>9-1-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>9/3/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter & Paul Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Barry County Mo.</u>		DATE REC'D BY LOCAL REG. <u>9-4-54</u>	
REGISTRAR'S SIGNATURE <u>Katherine Anderson</u>		497-0	
FUNERAL DIRECTOR'S SIGNATURE <u>G. P. Buchanan</u>		ADDRESS <u>Monett Mo</u>	

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 954-99

DATE REC. 9-7-54

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.....
J. B. ...

Licensed Embalmer No. 3149

P. O. Address Monett

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.