

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13051

State File No.

FILED APR 26 1955

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 110

940

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

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FARMINGTON RRT2.</u>		c. LENGTH OF STAY (in this place) <u>4 YRS</u>	c. CITY OR TOWN <u>RRT2 Farmington</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. FRANCOIS TWP.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
• STREET ADDRESS (If rural, give location) <u>Farmington RRT2, MO.</u>		940	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Victoria</u>	b. (Middle) <u>U.</u>	c. (Last) <u>Wanzecha</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 14 1955</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 30, 1878</u>	9. AGE (In years) (Month) (Day) (Year) <u>76 5 14</u>
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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	11. BIRTHPLACE (City and State or Foreign Country) <u>Poland</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>UNKNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>Stanley Wanzecha</u>
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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>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Francis Wanzecha</u>	ADDRESS <u>RRT2 Farmington</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</u> 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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 4-10, 1955, to 4-14, 1955, that I last saw the deceased alive on 4-14, 1955, and that death occurred at 6 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. H. Appleberry MD</u>	23b. ADDRESS <u>Flour River MO</u>	23c. DATE SIGNED <u>4-15-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>April 18, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. FRANCOIS MEM. PARK</u>	24d. LOCATION (City, town, or county) (State) <u>Bolton, Tenney, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Apr. 15, 1955</u>	REGISTRAR'S SIGNATURE <u>Catherine Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond Caldwell</u>	ADDRESS <u>Flour River, Mo.</u>
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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 *R. Caldwell*

Licensed Embalmer No. *253*

P. O. Address *Flat Row*

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.