

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **351**

FILED JAN 23 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **56**

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Buchanan</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a- STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b> |  | c. CITY OR TOWN <b>St. Joseph</b>   | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <b>Lifetime</b>  |  | e. STREET ADDRESS (If rural, give location) <b>2807 Jules Street</b>  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>                             |  |   |   |

|   |                               |   |   |   |   |
|---|-------------------------------|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Arlene</b> b. (Middle) <b>Clare</b> c. (Last) <b>Serocki</b> |                               |   | 4. DATE OF DEATH (Month) (Day) (Year) <b>January 14, 1956.</b>                  |   |   |
| 5. SEX <b>Female</b>  | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>August 16, 1917</b>   | 9. AGE (In years last birthday) <b>38</b> | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>      |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>                      | 11. BIRTHPLACE (City and State or Foreign Country) <b>St. Joseph, Missouri.</b> |   | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b> |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 13a. FATHER'S NAME <b>Reynold Zeorlin</b>  |  | 13b. MOTHER'S MAIDEN NAME <b>Lillian Vaeth</b> |  | 14. NAME OF HUSBAND OR WIFE <b>Paul Serocki</b>                               |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b> |  | 16. SOCIAL SECURITY NO. <b>none</b>            |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Paul Serocki St. Joseph, Mo.</b> |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.</i> |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Cerebral hemorrhage</b>                    |  | INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> |  |
|   |  | ANTECEDENT CAUSES<br>DUE TO (b) <b>Portal Cirrhosis of liver</b>  |  | unknown                                       |  |
|   |  | DUE TO (c) <b>Woman colapsed at her home, was in coma on arrival at the Hospital on January 13th 1956. She died the next day.</b>   |  |   |  |
|   |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 19a. DATE OF OPERATION                          |  | 19b. MAJOR FINDINGS OF OPERATION <b>Without regaining consciousness.</b>                               |  | 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) |  | 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 <sup>viewed</sup> attended the deceased <sup>on 1/16/56</sup> on **1/16/56**, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **4:00P** m., from the causes and on the date stated above.

|  |  |                                     |  |   |  |
|--|--|-------------------------------------|--|---|--|
| 23a. SIGNATURE (Design or title) <b>H. F. Mundy (Coroner) M.D.</b> |  | 23b. ADDRESS <b>St. Joseph, Mo.</b> |  | 23c. DATE SIGNED <b>1/17/56.</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>            |  | 24b. DATE <b>Jan. 17, 1956</b>      |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>             |  |
|  |  |                                     |  | 24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b> |  |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <b>Jan 18, 1956</b> |  | REGISTRAR'S SIGNATURE <b>Locher M. Allison</b> |  | FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>St. Joseph, Mo.</b> |  |
|--|--|--|--|---|--|

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

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 *Raymond D. Morehead*.....

Licensed Embalmer No.. 4413. Mo

P. O. Address .... St... Joseph, .. Mo

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.