

FILED APR 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8391**

BIRTH NO.		REG. DIST. NO. 518		PRIMARY REG. DIST. NO. 5216		Registrar's No. 14	
1. PLACE OF DEATH a. COUNTY Carter				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Carter			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Pike Twp		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Van Buren		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 Rt. 1, Van Buren Mo				e. STREET ADDRESS (If rural, give location) Rt. 1			
3. NAME OF DECEASED (Type or Print) a. (First) Edmund b. (Middle) P. c. (Last) Gorski			4. DATE OF DEATH (Month) (Day) (Year) MARCH 30 1956				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Aug 1 1903	
9. AGE (in years last birthday) 52		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARMER		11. BIRTHPLACE (City and State or Foreign Country) Chicago Ill	
11. BIRTHPLACE (City and State or Foreign Country) Chicago Ill		12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME BEN GORSKI			13b. MOTHER'S MAIDEN NAME ANNA GRZADKOWSKI		14. NAME OF HUSBAND OR WIFE SEIMA GORSKI		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. 112472 to 11/10/1925		17. INFORMANT'S SIGNATURE OR NAME SEIMA GORSKI ADDRESS VAN BUREN MO			
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) Acute Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardio-vascular disease. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 11 hours
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 3-10, 1956 , to 3-3, 1956 , that I last saw the deceased alive on 3-30, 1956 , and that death occurred at 1:45 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Charles D. Ottensmeyer, M.D.				23b. ADDRESS Van Buren, Mo.		23c. DATE SIGNED 3-1-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-30-56		24c. NAME OF CEMETERY OR CREMATORY St. Joseph Cemetery		24d. LOCATION (City, town, or county) (State) Chicago, Ill	
DATE REC'D BY LOCAL REG. April 11-56		REGISTRAR'S SIGNATURE Mrs Octa Flenson		25. FUNERAL DIRECTOR'S SIGNATURE Colman W. Flenson ADDRESS Van Buren, Mo			

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

APR 27 1956

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.....

Licensed Embalmer No.....

P. O. Address.....

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.