

FILED MAY 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12311

State File No.

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 4037 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Foster</u>		c. LENGTH OF STAY (in this place) <u>6 yrs</u>	c. CITY OR TOWN <u>Foster</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
• STREET ADDRESS		(If rural, give location) <u>0070</u>	

3. NAME OF DECEASED (Type or Print) <u>ROSALIA</u>			a. (First)			b. (Middle)			c. (Last) <u>CISTON</u>			4. DATE OF DEATH <u>May 5 1956</u> (Month) (Day) (Year)			
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>August 14, 1882</u>			9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days Hours 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>own home</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Nivka Poland</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Frank Dulan</u>				13b. MOTHER'S MAIDEN NAME <u>Catherine Viala</u>				14. NAME OF HUSBAND OR WIFE <u>John Ciston</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>none</u>				17. INFORMANT'S SIGNATURE OR NAME <u>John Ciston</u>				ADDRESS <u>Foster, Missouri</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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchogenic Carcinoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 Yrs.</u>	
ANTECEDENT CAUSES Morbidity 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		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) m.		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 Oct., 1952, to May 5, 1956, that I last saw the deceased alive on May 5, 1956, and that death occurred at 5 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Thomas F. Boyd D.D.</u> (Degree or title)		23b. ADDRESS <u>Rich Hill, Mo.</u>		23c. DATE SIGNED <u>5-8-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>5/9/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Bridgits Catholic</u>	
24d. LOCATION (City, town, or county) (State) <u>Rich Hill, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Booth Funeral Home, Rich Hill, Mo.</u>		ADDRESS	
DATE REC'D BY LOCAL REG. <u>May 9-1956</u>		REGISTRAR'S SIGNATURE <u>Rendall Murray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Booth Funeral Home, Rich Hill, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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..... *Robert G. Steinfeld*

Licensed Embalmer No. *446*

P. O. Address *Butler*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.