Health, Welfare Public Service

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FILED FEB 16 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004636
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 150

1. PLACE OF DEATH a. COUNTY Buchanan b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Joseph — Inside Limits Yes [X] No [ ] c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 527 Kentucky St. — Length of stay in Hospital 60 yrs.	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan c. CITY OR TOWN St. Joseph — Inside Limits Yes [X] No [ ] d. STREET ADDRESS (If outside, give location) 423 Kentucky St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First ANTONINA Middle Last TURBAK

4. DATE OF DEATH: Month February Day 4 Year 1959

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: Dec. 13, 1877

9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (City and state or country): Poland

12. CITIZEN OF WHAT COUNTRY? U.S.A. Nat. Polish

13a. FATHER'S NAME: Unknown

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: George Turbak (de)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: John Turbak, Address Punta Gorda, Florida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: immediate

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease — Unknown

DUE TO (c) With Congestive Failure

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes Militis 4200

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-25-1958, to 2-3-1959 and last saw ~~him~~ her alive on 2-3-1959. Death occurred at 8:30P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. Martin H. Christ M.D. (Degree or title)

22b. ADDRESS: 6106 King Hill Ave

22c. DATE SIGNED: Feb 7, 1959

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 2-7-1959

23c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet

23d. LOCATION (City, town, or county) (State): St. Joseph, Missouri

24. FUNERAL DIRECTOR: John E. Rupp — ADDRESS: St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.: Feb. 10, 1959

26. REGISTRAR'S SIGNATURE: Mrs. Clark Kendall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

Dr. Martin H. Christ

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

DEC 26 1959

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. 3986

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.