MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 28 1960

-60-041318
STATE FILE NUMBER

Registration District No. 58 Primary Registration District No. 5214 Registrar's No. 23

1. PLACE OF DEATH
a. COUNTY: Carter.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Grandin, Star Route.
Length of stay in 1b: 55 years.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 6 Mi. N.E. of Grandin, Missouri.
Inside Limits: Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri. b. COUNTY: Carter.
c. CITY OR TOWN: Grandin, Star Route.
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 6 Mi. N.E. of Grandin, Missouri
Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First: Joseph Middle: Szymarek. Last:
4. DATE OF DEATH: Month: Oct. Day: 30, Year: 1960.
5. SEX: Male.
6. COLOR OR RACE: White.
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Feb. 29 1878.
9. AGE (last birthday): 82.
IF UNDER 1 YEAR: Months ---- Days ----
IF UNDER 24 HR: Hours ---- Min. ----
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming.
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture.
11. BIRTHPLACE (City and state or country): Poland.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Frank Szymarek.
13b. MOTHER'S MAIDEN NAME: Mary (Unknown).
14. NAME OF HUSBAND OR WIFE: Valerja Szymarek.
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.: 489 28 8546
17. INFORMANT: Frank Szymarek, Address: Grandin, Missouri

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) Carcinoma primary (Face). — INTERVAL BETWEEN ONSET AND DEATH: 3 years.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 July 1958, to Oct 30, 1960 and last saw ~~him~~ her alive on September 1, 1960.
Death occurred at 2:30 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Frank C. Johnson, (Degree or title) M.D.
22b. ADDRESS: Doniphan, Mo.
22c. DATE SIGNED: 11/7/60.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial.
23b. DATE: 11-3-60.
23c. NAME OF CEMETERY OR CREMATORY: Beaver Dam Cem.
23d. LOCATION (City, town, or county) (State): Ripley County, Missouri.
24. FUNERAL DIRECTOR: Ray Means. ADDRESS: Doniphan, Mo.
25. DATE RECD. BY LOCAL REG.: Nov. 22-60
26. REGISTRAR'S SIGNATURE: Mrs Octa Henson

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Ray Means

Signature of Student Embalmer

Licensed Embalmer No. 3743.

P. O. Address Doniphan,

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