

FILED DEC 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36420  
Registrar's No. 1306

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give town) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph	
c. LENGTH OF STAY (in this place) 4 days		d. STREET ADDRESS (If rural, give location) 5204 Lake Ave.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Joseph's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) JOHN	b. (Middle)	c. (Last) MOGOSAN	4. DATE OF DEATH (Month) 11 (Day) 28 (Year) 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 7-27-1886	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker	10b. KIND OF BUSINESS OR INDUSTRY Own shop	11. BIRTHPLACE (State or foreign country) Austria	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Barbara Mogosan (de)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph Hoffman, R.F.D. # 6.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 da
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Congestion		
	ANTECEDENT CAUSES DUE TO (b) Internal injuries Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Comp. fract. L. leg. Fract. Rt. shoulder		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis liver?		E8124 25	

19a. DATE OF OPERATION 12/24/49	19b. MAJOR FINDINGS OF OPERATION Comp. fract L. leg - facer scalp	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph Blich. Mo.
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21d. TIME OF INJURY (Month) 12 (Day) 24 (Year) 49 (Hour) 10 p. m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? struck down by car
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22. I hereby certify that I attended the deceased from 12/24, 1949, to 11/28, 1949, that I last saw the deceased alive on 11/28, 1949, and that death occurred at 2:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE Jacob Kulowski (Degree or title) M.D.	23b. ADDRESS St. Joseph, Mo	23c. DATE SIGNED 11/30/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-1-1949	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
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DATE REC'D BY LOCAL REG. Dec 2, 1949	REGISTRAR'S SIGNATURE E. C. Jenkins 382	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John C. Cuff St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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 .....  
Student Embalmer

Signed

*John E. Rupp*

Licensed Embalmer No. *3986*

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 this body is not embalmed, fact should be so stated above.