

FILED MAR 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2751

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 336

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 or township) ST JOSEPH		c. CITY (If outside corporate limits, write RURAL and give township) ST. JOSEPH	
c. LENGTH OF STAY (In this place) 41 yrs.		d. STREET ADDRESS (If rural, give location) 405 KENTUCKY ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION. 405 KENTUCKY			

3. NAME OF DECEASED (Type or Print) a. (First) WALTER	b. (Middle) J	c. (Last) NOWACKI	4. DATE OF DEATH (Month) (Day) (Year) MARCH 9, 1950
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB. 14, 1885	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 25 Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED LABORER	10b. KIND OF BUSINESS OR INDUSTRY SWIFT & CO.	11. BIRTHPLACE (State or foreign country) POLAND	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME NOT KNOWN	13b. MOTHER'S MAIDEN NAME NOT KNOWN	14. NAME OF HUSBAND OR WIFE VIOLET NOWACKI
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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. 487-05-0950	17. INFORMANT'S SIGNATURE OR NAME EE B. NOWACKI ADDRESS 802 Hampton St. HARMON St.
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 4 days	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis			4 years
	DUE TO (c) Interstitial nephritis			2 years
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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Feb 22, 1950, to Mar 9, 1950, that I last saw the deceased alive on Mar 9, 1950, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE Benjamin M. Riley	(Degree or title) Dr.	23b. ADDRESS 823 Edmond St. Mo.	23c. DATE SIGNED 3-10-50
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Mar. 11, 1950	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
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DATE REC'D BY LOCAL REG. Mar. 23, 1950	REGISTRAR'S SIGNATURE E. G. Jenkins	25. FUNERAL DIRECTOR'S SIGNATURE Earl A. Clark ADDRESS 120 Illinois Ave
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(Licensed Embalmer's Statement on Reverse Side)

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

0117

0117

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.

Signed *Emile Clark*.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4238.....

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.