

No. 300
10.48

FILED SEP 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26238

State File No. _____

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

164

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 258

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u> <u>0164</u>	
c. LENGTH OF STAY (in this place) <u>4 days</u>		d. STREET ADDRESS (If rural, give location) <u>1429 Cousins Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			
3. NAME OF DECEASED a. (First) <u>ADDOLPH</u> b. (Middle) <u>J.</u> c. (Last) <u>JAROSIK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 27, 1950</u>	
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>February 24, 1879</u>
9. AGE (In years last birthday) <u>71</u>	10. MONTHS <u>6</u>	11. DAYS <u>3</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tailor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Shop</u>	11. BIRTHPLACE (State or foreign country) <u>Bohemia</u>
13a. FATHER'S NAME <u>Constantine Jarosik</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Hrach</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Barbara J. Jarosik</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>490-05-6252</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Barbara J. Jarosik Cape Gir.,</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hepatic cirrhosis</u> INTERVAL BETWEEN ONSET AND DEATH* <u>8 mo.?</u> ANTECEDENT CAUSES Morbid 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. <u>Diabetes mellitus</u> <u>58 1/2</u> <u>years</u>	
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 <u>Sept 3, 1947</u> , to <u>Aug 27, 1950</u> , that I last saw the deceased alive on <u>Aug 27, 1950</u> , and that death occurred at <u>12:40 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Charles F. Wilson M.D.</u>		23b. ADDRESS <u>714 Broadway Cape Girardeau Mo</u>	23c. DATE SIGNED <u>8-28-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>August 30, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Missouri</u>
DATE REC'D BY LOCAL REG. <u>8-28-1950</u>	REGISTRAR'S SIGNATURE <u>C. C. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walker's Funeral Home</u>	ADDRESS <u>Cape Gir., Mo.</u>

OCT 21 1950

RECEIVED

SEP 5 1950

DISTRICT HEALTH OFFICE No.

No.

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 William Lee Jensen

Licensed Embalmer No. 4410

P. O. Address Cape San Blas

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.