

FILED NOV 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 32707

| | | | | |
|--|---|--|---|---|
| BIRTH NO. <u>63450-50</u> | | REG. DIST. NO. <u>42</u> | PRIMARY REG. DIST. NO. <u>1000</u> | Registrar's No. <u>1237</u> |
| 1. PLACE OF DEATH a. COUNTY <u>Buch.</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Buch.</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph</u> | c. LENGTH OF STAY (In this place) <u>10 days</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph 0117</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hosp.</u> | | d. STREET ADDRESS (If rural, give location) <u>1411 Dewey St.</u> | | |
| 3. NAME OF DECEASED (Type or Print), a. (First) <u>Catherine</u> b. (Middle) <u>Frances</u> c. (Last) <u>Serocki</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>10/31/50</u> | |
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>10/21/50</u> | |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u> | | 9b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years last birthday) <u>10</u> | IF UNDER 1 YEAR Months <u>—</u> Days <u>10</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>St Joseph, Mo</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Edward Serocki</u> | | |
| 13b. MOTHER'S MAIDEN NAME <u>(Waldron) Rosanna</u> | | 13c. NAME OF HUSBAND OR WIFE <u>Edward Serocki</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>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mr Edward Serocki</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>PREMATURITY</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 DAYS</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>CLEFT PALATE</u> 776X 10 DAYS | | |
| 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) | | 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>Oct 21, 1950</u> to <u>Oct 31, 1950</u> that I last saw the deceased alive on <u>Oct 31, 1950</u> and that death occurred at <u>10:15 P.M.</u> , from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE <u>My Redmond, M.D.</u> | | 23b. ADDRESS <u>St Joseph, Mo.</u> | | 23c. DATE SIGNED <u>10/31/50</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Nov-1-1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cem.</u> |
| 24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman W. Sidenhauer</u> | | |
| DATE REC'D BY LOCAL REG. <u>Nov 3, 1950</u> | | REGISTRAR'S SIGNATURE <u>Carl C. Casby</u> | | ADDRESS <u>1802 Union St.</u> |

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.....

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed.....

Licensed Embalmer No. 3308

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.