S. No. 300
. 10.48

FILED APR 3 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7997

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 47

0362
0

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

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington
c. LENGTH OF STAY (in this place): 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ~~Rev. Father~~ St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington 0362
d. STREET ADDRESS (If rural, give location): 311 West 2nd St. 0

3. NAME OF DECEASED (Type or Print)
a. (First): REV. FATHER
b. (Middle): WENCESLAUS
c. (Last): KRZYCKI O.F.M.

4. DATE OF DEATH (Month) 3 (Day) 23 (Year) 1951

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 0
8. DATE OF BIRTH: July 13, 1878
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 8, Days 10 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Religious Teaching & Prayer
10b. KIND OF BUSINESS OR INDUSTRY: Priest
11. BIRTHPLACE (State or foreign country): Duncan Nebraska 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Rev. Father Erwin — ADDRESS: Washington, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Occlusion
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1951, *to* March 23, 1951, *that I last saw the deceased alive on* March 23, 1951, *and that death occurred at* 2:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. P. Poss 0 M.D.
23b. ADDRESS: Washington Mo
23c. DATE SIGNED: 3/30/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 3-27-51
24c. NAME OF CEMETERY OR CREMATORY: St. Francis Borgia Cemetery
24d. LOCATION (City, town, or county) (State): Washington Missouri

DATE REC'D BY LOCAL REG.: Mar. 26, 1951
REGISTRAR'S SIGNATURE: [signature] 99 0
25. FUNERAL DIRECTOR'S SIGNATURE: Otto & Co. P.H. by M. H. Willenbrink — ADDRESS: Washington, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MAR 31 1951
DISTRICT HEALTH OFFICE No. 4
File 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 M. D. Willenbrink

Licensed Embalmer No. 4511

P. O. Address Washington, Missouri

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.