

FILED JUL 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21066

State File No.

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6032 Registrar's No. 220

1. PLACE OF DEATH a. COUNTY <u>Ripley.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Ripley.</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Doniphan Rural Doniphan 36 years.</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Doniphan "Rural" Doniphan Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>5 Miles E. of Doniphan.</u>		d. STREET ADDRESS (If rural, give location) <u>5 Miles E. of Doniphan, Mo.</u>	
3. NAME OF DECEASED (Type or Print) <u>Boleslaw</u>		a. (First)	b. (Middle)
		c. (Last) <u>Zarzecki.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 25, 1951.</u>
5. SEX <u>Male.</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married. 1</u>	8. DATE OF BIRTH <u>Dec. 23, 1883.</u>
9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>21</u>	IF UNDER 24 HRS. Hours <u>---</u> Mins. <u>---</u>	11. BIRTHPLACE (State or foreign country) <u>Poland. 4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Marion Zarzecki.</u>		13b. MOTHER'S MAIDEN NAME <u>unknown.</u>	14. NAME OF HUSBAND OR WIFE <u>Rose Zarzecki.</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>Edward Zarzecki.</u>	ADDRESS <u>St. Louis, Mo.</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>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ 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 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) <u>4201</u>	
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>August, 1949,</u> last seen <u>June 25, 1951,</u> that I last saw the deceased alive on <u>June 25, 1951,</u> and that death occurred at <u>12:20 P.m.,</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>Frank Johnson</u>		(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Doniphan Mo.</u>
23c. DATE SIGNED <u>June 25, 1951</u>	24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>June 27, 1951.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery.</u>
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri.</u>	DATE REC'D BY LOCAL REG. <u>6-26-51</u>	REGISTRAR'S SIGNATURE <u>E. B. Johnston</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Means.</u>
			ADDRESS <u>Doniphan, Mo.</u>

RECEIVED

JUL 9 1951

DISTRICT HEALTH OFFICE No. C

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 Ray Messers

Licensed Embalmer No. 3743

P. O. Address Doniphan, 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.