

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph
c. LENGTH OF STAY (in this place) 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 820 So. 20 St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo. b. COUNTY Buchanan
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph
d. STREET ADDRESS (If rural, give location) 820 So. 20 St.

3. NAME OF DECEASED
a. (First) Constance b. (Middle) Nowak c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) Oct. 5, 1952

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Apr. 28, 1872 9. AGE (in years last birthday) 80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Rozen, Poland 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John 13b. MOTHER'S MAIDEN NAME Valeria Zwalankoski 14. NAME OF HUSBAND OR WIFE John Nowak

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. none 17. INFORMANT'S SIGNATURE OR NAME Mrs. Hockenauer, St. Joseph, Mo ADDRESS

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Degeneration.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension + arteriosclerosis 4-5 years
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Probably carcinoma of breast 2 years

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 443 X H 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) 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 June, 1952, to Oct, 1952, that I last saw the deceased alive on Oct 4, 1952, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Claire H. Higgins MD 23b. ADDRESS St. Joseph, Mo 23c. DATE SIGNED 10-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Oct. 9, 1952 24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery St. Joseph, Mo. 24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. Oct 8, 1952 REGISTRAR'S SIGNATURE Carl C. Casper 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Victor Berry St Joseph Mo

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

1117

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 Victor Barry

Licensed Embalmer No. 14212

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.