

FILED JAN 22 1953

THE DIVISION OF HEALTH OF THE STATE OF PENNSYLVANIA
STANDARD CERTIFICATE OF DEATH

State File No. **01863**
 1954 VINUO 76 years
 Registrar's No. **76**

495
3

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

BIRTH NO.		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 76			
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived, or institution of residence before death) a. STATE Pennsylvania b. COUNTY Lackawanna					
b. CITY OR TOWN Joplin		c. LENGTH OF STAY (In this place) 1 day		c. CITY OR TOWN Buffalo, N. Y.		8390			
d. FULL NAME OF HOSPITAL OR INSTITUTION D. O. A. Freeman Hospital				d. STREET ADDRESS (If rural, give location) 164 Edward Street					
3. NAME OF DECEASED (Type or Print) Joseph			a. (First)		b. (Middle) Pakularz		c. (Last)		
4. DATE OF DEATH JAN 8-1953		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 3-2-1911		9. AGE (In years) 42			
5. SEX Male		6. COLOR OR RACE White		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DK		10b. KIND OF BUSINESS OR INDUSTRY BK			
11. BIRTHPLACE (City and State or Foreign Country) Scranton, Pennsylvania				12. CITIZEN OF WHAT COUNTRY? U. S.					
13a. FATHER'S NAME Michael Pakularz			13b. MOTHER'S MAIDEN NAME Catherine Zulawski			14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes			16. SOCIAL SECURITY NO. World War #2		17. INFORMANT'S SIGNATURE AND ADDRESS Catherine Dworczak Funeral Home, Scranton, N. Y.				
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) INCLUDES MULTIPLE EXTREME 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. E9020 21				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 122				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) UNKNOWN		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) SUPPOSEDLY FIRE, ST. VIA		21c. (CITY, TOWN, OR TOWNSHIP) JOPLIN (COUNTY) JASPER (STATE) MO					
21d. TIME OF INJURY 1 - UNKNOWN		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? PROBABLY FELL OR JUMPED FROM STAIR					
22. I hereby certify that I attended the deceased from DID NOT ATTEND 19___, that I last saw the deceased alive on JAN 11 1953 , and that death occurred JAN 8 1953 on the date stated above. (Move)									
23a. SIGNATURE W. J. ...				23b. ADDRESS ...		23c. DATE SIGNED 1-9-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-9-1953		24c. NAME OF CEMETERY OR CREMATORY Scranton, Pennsylvania		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. 1-12-53		REGISTRAR'S SIGNATURE ...		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Thornhill-Dillon Mortuary, Joplin, MO					

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1-19-53
Jasper County Health Office

County File Number 53/1/59

Date Filed 1-20-53

JUN 1 2 1959

JAN 22 1959

FEB 6 1959

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 W. E. Huddleston

Licensed Embalmer No. 3770

P. O. Address Joplin, 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.