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FILED MAY 25 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18583**

BIRTH NO. _____ REG. DIST. NO. **392** PRIMARY REG. DIST. NO. **5649** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Lawnence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Lawnence	
b. CITY OR TOWN Piencia City	c. LENGTH OF STAY (in this place) 14 yrs	c. CITY OR TOWN Piencia City	0550
d. FULL NAME OF HOSPITAL OR INSTITUTION South Spruce		d. STREET ADDRESS (If rural, give location) South Spruce	

3. NAME OF DECEASED a. (First) Joseph b. (Middle) (NONE) c. (Last) SZYDLOSKI			4. DATE OF DEATH (Month) (Day) (Year) 5 6 1953		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1888 6/9 67	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FUNNING		11. BIRTHPLACE (State or foreign country) MO	12. CITIZEN OF WHAT COUNTRY? U

13a. FATHER'S NAME John Szydloski	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE Blance Carrie Szydloski
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 497-1418625	17. INFORMANT'S SIGNATURE OR NAME Mrs Joe Szydloski	ADDRESS Piencia City Mo
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Functional diseases of heart		INTERVAL BETWEEN ONSET AND DEATH unknown
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. 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 4332	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **May 6 1953** to **May 6 1953**, that I last saw the deceased alive on **May 6 1953**, and that death occurred at **12:00 midnight** from the causes and on the date stated above.

23a. SIGNATURE Charles L. Moore	(Degree or title) DR	23b. ADDRESS Piencia City, Mo	23c. DATE SIGNED 5-8-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/9/53	24c. NAME OF CEMETERY OR CREMATORY ST ANNES	24d. LOCATION (City, town, or county) (State) Sancois Prairie MO
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DATE REC'D BY LOCAL REG. 5/9/53	REGISTRAR'S SIGNATURE John F. Davis	25. FUNERAL DIRECTOR'S SIGNATURE Wm J Wesell	ADDRESS Piencia City Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

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373.70

Alvin Borchardt

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 Embalmer No.....

Signed.....
Student Embalmer

Signed B. Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address month 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.