

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24666**

FILED JUL 17 1953

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **3134**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived, institution residence before admission) a. STATE Missouri - b. COUNTY Jackson	
b. CITY OR TOWN Canaan City (If outside corporate limits, write RURAL and give township)		c. LENGTH OF STAY (in this place) 1 1/2 years	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rakecride		e. CITY OR TOWN Canaan City	
		f. STREET ADDRESS (If rural, give location) 5214 St John	

3. NAME OF DECEASED (Type or Print) a. (First) TADEUSZ	b. (Middle) BUGA	c. (Last) BUGA	4. DATE OF DEATH (Month) (Day) (Year) 6-20-1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Nov 7 1951	9. AGE (In years last birthday) 1 7/8	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and State or Foreign Country) Chesapeake, Va.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Michael Buga	13b. MOTHER'S MAIDEN NAME Janeva Winary	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Michael Buga ADDRESS 5214 St. John
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute encephalitis		INTERVAL BETWEEN ONSET AND DEATH 4 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) non epidemic		
	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 checked="" 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 **June 16, 1953** to **June 20, 1953**, that I last saw the deceased alive on **June 19, 1953**, and that death occurred at **6:50 a.m.** from the causes and on the date stated above.

SIGNATURE Stan J. Sulkowski (Degree or title)	23b. ADDRESS 1601 Belmont	23c. DATE SIGNED 6/20/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/20/53	24c. NAME OF CEMETERY OR CREMATORY St Marys	24d. LOCATION (City, town, or county) (State) Canaan City Mo
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DATE REC'D BY LOCAL REG. 6-20-53	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE STANLEY'S K.C. MO ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Be 6593

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.....
Signature of Student Embalmer

Signed *J. P. Sheil*.....
Licensed Embalmer No. *3625*

P. O. Address *H.C.M.C.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.