

no. 300
0-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34879**

FILED NOV 5 - 1953

BIRTH NO. _____ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **352**

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Adair 0013	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkville 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Grim-Smith Memorial Hospital		d. STREET ADDRESS (If rural, give location) 802 East Washington	

3. NAME OF DECEASED (Type or Print) a. (First) Mary	b. (Middle) Shuski	c. (Last) Bartosik	4. DATE OF DEATH (Month) (Day) (Year) Oct. 30 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH December 19, 1887	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (State or foreign country) Poland 4	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Joseph Shuski	13b. MOTHER'S MAIDEN NAME Mary Helbin	14. NAME OF HUSBAND OR WIFE Charles Bartosik
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 2	16. SOCIAL SECURITY NO. 2	17. INFORMANT'S SIGNATURE OR NAME Mrs. John J. Guaminini	ADDRESS Kirkville, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) metastatic carcinoma liver & spine		3 mo.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary Ca of Colon DUE TO (c)		2 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 10	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) 153X
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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 **Aug 12, 1953**, to **Oct 30, 1953**, that I last saw the deceased alive on **Oct 30, 1953**, and that death occurred at **12:10 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Kate Lambert	23b. ADDRESS Kirkville, Mo.	23c. DATE SIGNED 11-2-53
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24a. BURIAL, CREMATION, REBURN (Specify)	24b. DATE 11-2-53	24c. NAME OF CEMETERY OR CREMATORY Nauvigo Cemetery	24d. LOCATION (City, town, or county) (State) Nauvigo, Mo.
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DATE REC'D BY LOCAL REG. 11-2-53	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE Randolph Davis	ADDRESS Kirkville
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(Licensed Embalmer's Statement on Reverse Side)

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

NOV 21 1951

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 _____

Harold F. Wignall

Licensed Embalmer No. _____

P. O. Address _____

*14296
Kirkcubbin, Ill.*

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.