

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. 79 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>(St. Joseph) Mo.</u>	
c. LENGTH OF STAY (in this place) <u>70 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>6025 Grant St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BERNICE</u> b. (Middle) <u>MARY</u> c. (Last) <u>GLUCHOWSKI</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 5 1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>8-15-1881</u>		9. AGE (In years last birthday) <u>72</u>		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Poland</u>	
12. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Anthony Gluchowski</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Anthony Gluchowski, 6025 Grant St. Joseph, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		<u>St. Joseph, Mo.</u>		<u>1 day</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
DUE TO (b) <u>Arteriosclerotic Heart Disease</u>		DUE TO (c) <u>Arteriosclerosis</u>		<u>unk.</u>	
II. OTHER SIGNIFICANT CONDITIONS		<u>Adenocarcinoma of the Descending Colon</u>		<u>unk.</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200 H</u>		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 Dec. 28 1953, to Jan. 5 1954, that I last saw the deceased alive on Jan. 5 1954, and that death occurred at 7:50P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Sharon E. Swygonski M.D.</u>		23b. ADDRESS <u>301 Illinois Ave. St. Joe.</u>		23c. DATE SIGNED <u>1-7-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-7-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Ceph. St. Joseph, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>Jan 9, 1954</u>		REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Phil Supp. St. Joseph, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. _____

Student
Student Embalmer

Signed _____

John E. Rupp
3986

Licensed Embalmer No. _____

P. O. Address _____

St Joseph

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.