

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**312**

State File No. ....

BIRTH NO. **FILED FEB 8 1954** REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **120**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>Buchanan</b>	b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>Buchanan</b>
c. LENGTH OF STAY (in this place) <b>Life</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>1008 Church St. Rathburn Nursing Home</b>		d. STREET ADDRESS (If rural, give location) <b>1909 Olive St.</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>KATHERINE</b>	b. (Middle) <b>AGNES</b>	c. (Last) <b>SMEYA</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Jan. 29, 1954</b>
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<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>March 13, 1888</b>	<b>9. AGE</b> (In years last birthday) <b>65</b>	<b>IF UNDER 1 YEAR</b> Months Days	<b>IF UNDER 11 HRS.</b> Hours Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Home</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>St. Joseph, Mo.</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
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<b>13a. FATHER'S NAME</b> <b>Thomas Borkowski</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Rosie Brozowski</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Joseph Smeya</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	<b>16. SOCIAL SECURITY NO.</b> <b>none</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mr. Joseph Smeya, St. Joseph, Mo.</b>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>4 mos.</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Chronic Cardiac Vascular Degenerative Disease</b>		
	<b>ANTECEDENT CAUSES</b> <b>Generalized Arteriosclerosis</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>2 yrs.</b>	

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>St. Joseph, Mo. Buchanan</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from 9-11, 1953, to 1-29, 1954, that I last saw the deceased alive on 1-28, 1954, and that death occurred at 10:30 P. m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>H. J. Mundy M.D.</b>	<b>23b. ADDRESS</b> <b>2801 Sacramento St. Joseph, Mo.</b>	<b>23c. DATE SIGNED</b> <b>2/2/54</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>Feb. 3, 1954</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Mt. Olive Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Joseph, Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>Feb 5, 1954</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Kathryn M. Allison</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Barry Funeral Home, St. Joseph</b>	<b>ADDRESS</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Victor J. Barry

Licensed Embalmer No. 4212

P. O. Address St Joseph m

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.