

FILED APR 20 1954

STANDARD CERTIFICATE OF DEATH

State File No. 12479

BIRTH NO. REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5590 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL ROCK TOWNSHIP		c. CITY OR TOWN RURAL	
c. LENGTH OF STAY (in this place) 16 YRS		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME		e. STREET ADDRESS (If rural, give location) NEAR ARNOLD MO	

3. NAME OF DECEASED (Type or Print) a. (First) ANDREW b. (Middle) c. (Last) USCINSKY		4. DATE OF DEATH (Month) (Day) (Year) APR 3 1954	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) UNKNOWN	8. DATE OF BIRTH UNKNOWN ABOUT 76
9. AGE (In years last birthday) UNKNOWN ABOUT 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN	11. BIRTHPLACE (City and State or Foreign Country) POLAND
12. CITIZEN OF WHAT COUNTRY? UNKNOWN		13. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE UNKNOWN		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN UNKNOWN	
16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME FRANK SCHWALEBERT IMPERIAL MO	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cor. Myocarditis</i>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
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"/>		
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>
21f. HOW DID INJURY OCCUR?		21g. ADDRESS

22. I hereby certify that I attended the deceased from July 1950 to Apr. 3, 1954, that I last saw the deceased alive on 4/3 1954, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE *Frank Schwalebert* (Degree or title)

23b. ADDRESS *Imperial, Mo*

23c. DATE SIGNED *4/3/54*

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APR. 5 1954	24c. NAME OF CEMETERY OR CREMATORY IMMACULATE CONCEPTION	24d. LOCATION (City, town, or county) (State) ARNOLD MO
DATE REC'D BY LOCAL REG. <i>Apr 10-54</i>	REGISTRAR'S SIGNATURE <i>Auth Jones</i> 438	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HEILIGTAG FUNERAL HOME IMPERIAL MO	

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

500

05-00

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED APR 12 1954

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 *Elmer Heiligtag*

Licensed Embalmer No. *35*

P. O. Address *Imperial*

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.