

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15043**

FILED MAY 19 1954

BIRTH NO. _____ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **302**

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) City Hotel	
3. NAME OF DECEASED a. (First) George b. (Middle) _____ c. (Last) Bubniak			4. DATE OF DEATH (Month) (Day) (Year) 5-6-54
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH June 6 1899
9. AGE (In years last birthday) 54		10. MONTHS 11	11. DAYS 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10b. KIND OF BUSINESS OR INDUSTRY Restaurant	11. BIRTHPLACE (State or foreign country) Unknown
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Unknown	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Unknown (Divorced)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 430-20-0380	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Nicolini, Poplar Bluff Mo			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchiectasis 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 526X	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from 4-17 , 19 54 , to 5-6 , 19 54 , that I last saw the deceased alive on 5-5 , 19 54 , and that death occurred at 12:40 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE [Signature] (Degree or title) MD		23b. ADDRESS Poplar Bluff Missouri	
23c. DATE SIGNED 5-7-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removed		24b. DATE 5-10-54	
24c. NAME OF CEMETERY OR CREMATORY Little Rock Ark		24d. LOCATION (City, town, or county) (State) Little Rock, Ark	
DATE REC'D BY LOCAL REG. 5/7/54		REGISTRAR'S SIGNATURE [Signature] 489	
5/7/54		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] City of Poplar Bluff Mo	

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

RECEIVED
MAY 17 1954

BUTLER CO. HEALTH CENTER

FILE No. _____

JUN 4 1954

SEP 20 1955

AUG 2 1955

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 5-6-5

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Phil A. Juchel

Licensed Embalmer No. 2936

P. O. Address Pelee Bluff

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.