

No. 300  
10.48

FILED SEP 7 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28685  
1843

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6051 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles, Rural</u>		c. LENGTH OF STAY (in this place) <u>8 years</u>	c. CITY OR TOWN <u>Blue Springs</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Evangelical Emmaus Home</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>7001</u>	

3. NAME OF DECEASED (Type or Print) <u>MARTHA</u>	a. (First)	b. (Middle)	c. (Last) <u>SLUPIANEK</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 4, 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 5, 1860</u>	9. AGE (in years last birthday) <u>93</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 15 Mins.
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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 (City and State or Foreign Country) <u>Germany</u>	12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Geo. F. Wohlatern</u>	13b. MOTHER'S MAIDEN NAME <u>Caroline Witkie</u>	14. NAME OF HUSBAND OR WIFE <u>Bruno Slupianek</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 <u>Theophil Stoerker</u> ADDRESS <u>St. Charles, Mo.</u>
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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) <u>Broken Compensated</u>		<u>2400</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gen. Myocarditis</u>		<u>1070</u>
DUE TO (c) <u>Gen Arteriosclerosis</u>		<u>70 yr.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Inter trochanteric fracture of hip</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>hip</u>	20. AUTOPSY? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>092</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 10 1954 1 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>fell in her room at Emmaus Home</u>
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22. I hereby certify that I attended the deceased from Aug 7, 1954, to Sept 4, 1954, that I last saw the deceased alive on Sept 3, 1954, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>A.P. Erich Schurz</u> (Degree or title)	23b. ADDRESS <u>St. Charles, Mo.</u>	23c. DATE SIGNED <u>Sept 4, 1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Sept 4 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kinsley Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kinsley Kansas</u>
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DATE REC'D BY LOCAL REG. <u>Sept 4 1954</u>	REGISTRAR'S SIGNATURE <u>Francis Zoulet</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur C. Bone</u> ADDRESS <u>St. Charles, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed *Clarence M. Billa*.....

Licensed Embalmer No. *437*

P. O. Address *St. Charles*.....

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.