

FILED NOV 29 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36629

BIRTH NO.		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 1219	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 46 yrs		c. CITY OR TOWN St. Joseph		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 722 South 24th St.				e. STREET ADDRESS (If rural, give location) 722 South 24th St. 011/0			
3. NAME OF DECEASED (Type or Print) James		a. (First)		b. (Middle) Andrew		c. (Last) Ziolkowski	
4. DATE OF DEATH Nov. 21, 1954		7. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Dec. 5, 1880		9. AGE (In years last birthday) 73		10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. (6) Construction		10b. KIND OF BUSINESS OR INDUSTRY Concrete	
11. BIRTHPLACE (City and State or Foreign Country) Manneese, Mich.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Vincent Ziolkowski		13b. MOTHER'S MAIDEN NAME Josephine	
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) No		16. SOCIAL SECURITY NO. 491-10-7485		17. INFORMANT'S SIGNATURE OR NAME Mrs J.A. Ziolkowski	
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 St. Joseph, Mo.		INTERVAL BETWEEN ONSET AND DEATH 1 hour		1 year	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion		ANTECEDENT CAUSES DUE TO (b) Angina pectoris		DUE TO (c) Prostatic hypertrophy		1 year	
19a. DATE OF OPERATION 11/2/54		19b. MAJOR FINDINGS OF OPERATION Prostatic hypertrophy		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 type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 11/1, 1954, to 11/21, 1954, that I last saw the deceased alive on 11/21, 1954, and that death occurred at 1:30p m., from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) Herbert L. Warren M.D.		23b. ADDRESS St. Joseph, Mo.	
23c. DATE SIGNED 11/22/54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 24, 54		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet	
24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Herman W. Zidenfaden		ADDRESS St. Joseph, Mo.		DATE REC'D BY LOCAL REG. Nov 24, 1954	
REGISTRAR'S SIGNATURE Katherine M. Allison		485		485		(Licensed Embalmer's Statement on Reverse Side)	

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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

*Robert H. Gable*

Licensed Embalmer No. 3308

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.