

FILED JUL 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17734

State File No.

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 165

1. PLACE OF DEATH a. COUNTY <u>BOONE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>COLUMBIA</u>		c. LENGTH-OF STAY (In this place) <u>5 days</u>	c. CITY OR TOWN <u>FAIR VIEW</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ELLIS FISCHER STATE CANCER HOSP</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>0734</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) <u>OTIS</u> c. (Last) <u>STAPANSKI</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6 - 28 - 55</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7-8-89</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR: Months <u>11</u> Days <u>20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>New York</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Julius Stapaniski</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>499-10-3143</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HOSPITAL RECORDS</u>	

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 <u>22 MOS</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA, Esophagus, post operative Recurrence</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>INANITION</u>			

19a. DATE OF OPERATION <u>8-19-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>CARCINOMA, Esophagus, Cardiac End. 150X</u>		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 6-23, 1955, to 6-28, 1955, that I last saw the deceased alive on 6-28-55, and that death occurred at 2:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>E. J. Scheue Jr. M.D.</u> (Degree or title)		23b. ADDRESS <u>State Cancer Hospital</u>		23c. DATE SIGNED <u>6-28-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/30/1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fair View</u>	
		24d. LOCATION (City, town, or county) (State) <u>Newton County Mo.</u>			

DATE REC'D BY LOCAL REG. <u>June 28 1955</u>		REGISTRAR'S SIGNATURE <u>THOS R. E. Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lyman Sprinkle, Columbia Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 19 1905

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, ~~copy~~, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Lynman Spunkle*

Licensed Embalmer No. *461*

P. O. Address *Columbus*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.