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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21201
State File No.

FILED AUG 8 - 1955

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 803

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 town) St. Joseph 3		c. CITY OR TOWN St. Joseph	
c. LENGTH OF STAY (In this place) 40 years		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 B.O.A. St. Joseph's Hospital		f. STREET ADDRESS (If rural, give location) 717 So. 21st. Street	

3. NAME OF DECEASED (Type or Print) a. (First) Florence		b. (Middle) K.		c. (Last) Mniszak		4. DATE OF DEATH (Month) (Day) (Year) July 31, 1955	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH November 9, 1886	
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and State or Foreign Country) Iowa		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Stanley	
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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) no		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Stanley Mniszak, 717 S. 21st, St. Joseph, Mo	
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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, asphyxia, 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) Acute Coronary Thrombosis		DUE TO (b) Generalized arteriosclerosis				1 day	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Woman collapsed at her home and was dead on arrival at the St. Joseph's Hospital. There is no history of recent serious sickness or disability.				unknown	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Woman collapsed at her home and was dead on arrival at the St. Joseph's Hospital. There is no history of recent serious sickness or disability.					

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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 8/1, 1955, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE H. F. Mundy (Coroner) M.D.		23b. ADDRESS St. Joseph Mo		23c. DATE SIGNED 8/1/55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 8/4/1955		24c. NAME OF CEMETERY OR CREMATOR Mt. Auburn Cemetery		24d. LOCATION (City, town, or county) St. Joseph, Missouri	
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DATE REC'D BY LOCAL REG. Aug 5, 1955		REGISTRAR'S SIGNATURE Esther M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Heaton-Bowman St. Joseph Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Munday

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 *James B. Hawkins*.....
Licensed Embalmer No. *45*.....

P. O. Address *319 E. 107*.....

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.