

FILED DEC 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39773

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1326

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>	c. LENGTH OF STAY (in this place) <u>64 Yrs.</u>	c. CITY OR TOWN <u>St. Joseph</u>	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 <u>State Hospital # 2</u>		e. STREET ADDRESS (If rural, give location) <u>609 Warsaw Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANASTASIA</u> b. (Middle) _____ c. (Last) <u>WOJCIECKOWSKI</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 10, 1955</u>		
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>Aug. 27, 1875</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Patient</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Patient</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Poland</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Valentine Bunkowski</u>	13b. MOTHER'S MAIDEN NAME <u>Lucy Plet</u>	14. NAME OF HUSBAND OR WIFE <u>Stanley Wojcieckowski</u>
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 ADDRESS <u>Stanley Bunkowski, St. Joseph, Mo.</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		DUE TO (b) <u>Arteriosclerosis</u>		<u>Chronic</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____		<u>10 Yrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Psychotic</u>		<u>4221</u>		<u>34 Yrs.</u>	

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?

22. I hereby certify that I attended the deceased from 12/10, 1955 to 12/10, 1955, that I last saw the deceased alive on 12/10, 1955, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>E. E. Bessner M.D.</u> (Degree or title)	23b. ADDRESS <u>State Hospital # 2 City</u>	23c. DATE SIGNED <u>12/11/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 13/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>St. Joseph Mo.</u>		

DATE REC'D BY LOCAL REG. <u>Dec 19, 1955</u>	REGISTRAR'S SIGNATURE <u>Lothar M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Barry Funeral Home, St. Joseph, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 29 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Victor J. Barry*.....

Licensed Embalmer No. *421*.....

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.