

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16071
State File No.

FILED JUN 11 1956

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 516

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

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a.-STATE <u>West Virginia</u> b. COUNTY <u>McDowell</u>	
b. CITY OR TOWN <u>Springfield, Missouri</u> c. LENGTH OF STAY (in this place) <u>7 days</u>		c. CITY OR TOWN <u>War</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Medical Center for Federal Prisoners</u> e. STREET ADDRESS (If rural, give location) <u>Box 533</u>			
3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>Elmer</u> c. (Last) <u>Kulchar</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 5th 1956</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>May 4, 1934</u>
9. AGE (In years last birthday) <u>22</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>No confirmed work history</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>Garetta, West Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Andrew Kulchar</u>		13b. MOTHER'S MAIDEN NAME <u>Helen Pache</u>	14. NAME OF HUSBAND OR WIFE <u>None</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>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>FILE: MFP Springfield, Missouri</u>	
MEDICAL CERTIFICATION			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxia</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH <u>Minutes</u>	
ANTECEDENT CAUSES DUE TO (b) <u>Strangulation by hanging</u>		Minutes: _____	
DUE TO (c) <u>Schizophrenia, paranoid type</u>		_____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. *****			
19a. DATE OF OPERATION *****	19b. MAJOR FINDINGS OF OPERATION *****		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hospital</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Springfield Greene Missouri</u>	
21d. TIME OF INJURY. (Month) (Day) (Year) (Hr) (Min) <u>June 5th 1956 5:00 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>By hanging (suicide)</u>	
22. I hereby certify that I attended the deceased from <u>May 29th, 1956</u> , to <u>June 5th, 1956</u> , that I last saw the deceased alive on <u>June 5th, 1956</u> , and that death occurred at <u>5:20 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Clarence Kooiker, M.D.</u>		23b. ADDRESS <u>Medical Center Springfield, Missouri</u>	23c. DATE SIGNED <u>6-6-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <u>6/7/56</u>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <u>Welch, West Virginia</u>
DATE REC'D BY LOCAL REG. <u>6/7/56</u>		REGISTRAR'S SIGNATURE <u>John Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. ...</u> ADDRESS <u>Springfield</u>

(Licensed Embalmer's Statement on Reverse Side)

By J. W. Blair

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 W. Wair*.....
Licensed Embalmer No. *465*

P. O. Address *Springfield*

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.