

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20825

FILED JUL 15 1957

STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 5477 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY Grundy			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Iowa b. COUNTY Linn		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Madison Twp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Cedar Rapids		8140 8 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Crowder State Park -minutes			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 1217 Memorial drive
3. NAME OF DECEASED (Type or print) First AUGUST Middle RUDOLPH Last SULCIK			4. DATE OF DEATH Month June Day 28 Year 1957		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept 16, 1937	
9. AGE (In years last birthday) 19	IF UNDER 1 YEAR Months 1 Days 1 Hours 1 Min. 1	IF UNDER 24 HRS. Hours 1 Min. 1			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY construction	11. BIRTHPLACE (City and state or country) Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME August R. Sulcik			14. MOTHER'S MAIDEN NAME Anna Visek		
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. 478-40-0619	17. INFORMANT August R. Sulcik, Sr. Address Cedar Rapids Iowa		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Drowning					INTERVAL BETWEEN ONSET AND DEATH instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Swimming in Crowder State Park lake			DUE TO (c) 9294
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 42					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour 1 Month 1 Day 1 Year 1957 a. m. 1 p. m. 1					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION 040 COUNTY MISSOURI STATE MISSOURI		
21. I attended the deceased from June 28, 1957 and last saw her/him alive on XXXX Death occurred at 1:15 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Donald H. Slater (Degree or title) County Coroner 3			22b. ADDRESS Trenton, Missouri		22c. DATE SIGNED 6-29-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE June 29, 1957	23c. NAME OF CEMETERY OR CREMATORY Cedar Rapids, Iowa	23d. LOCATION (City, town, or county) (State) Cedar Rapids, Iowa		
24. FUNERAL DIRECTOR Donald H. Slater ADDRESS Trenton, Mo.		25. DATE RECD. BY LOCAL REG. 6/29/57	26. REGISTRAR'S SIGNATURE June Fair		

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUL 15 1957

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 *Donald H Slater*

Licensed Embalmer No. 4467

P. O. Address Trenton,

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