

FILED AUG 19 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH'57 027595  
STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 870

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph</b>		c. CITY OR TOWN <b>St. Joseph</b>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION <b>Mo. Methodist Hosp. 54 Yrs</b>		d. STREET ADDRESS (If outside, give location) <b>2501 Edmond St.</b>	
3. NAME OF DECEASED (Type or print) First <b>Ignatius</b> Middle <b>Zultowski</b> Last <b>Zultowski</b>		4. DATE OF DEATH Month <b>Aug.</b> Day <b>7</b> Year <b>1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 8, 1885</b>
9. AGE (In years last birthday) <b>72</b>		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months <b>4</b> Days <b>1</b> Hours <b>48</b> Min. <b>15</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. (15) Boilermaker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>	
11. BIRTHPLACE (City and state or country) <b>Poland</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Thomas Zultowski</b>		14. MOTHER'S MAIDEN NAME <b>Mary Spiek</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>707-05-7957</b>	
17. INFORMANT <b>Mary Zultowski</b>		Address <b>2501 Edmond St.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ANOREXIA</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>AC. PULMONARY EDEMA - SEVERE</b> DUE TO (c) <b>PULMONARY EMPHYSEMA &amp; FIBROSIS.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>48 HRS.</b> <b>10 YRS</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>5271</b>		19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
20a. ACCIDENT <input 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 <b>10:00 P</b> Month, Day, Year <b>8/14/1956</b>			
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.) <b>Kirkpatrick Bldg</b>	
20f. CITY, TOWN, OR LOCATION <b>St. Joseph</b>		COUNTY <b>Mo.</b> STATE <b>Mo.</b>	
21. I attended the deceased from <b>8/14/1956</b> to <b>8/17/1957</b> and last saw him alive on <b>8/17/57</b> Death occurred at <b>10:00 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		22. DATE SIGNED <b>8/19/57</b>	
22a. SIGNATURE (Degree or title) <b>John T. Rogers M.D.</b>		22b. ADDRESS <b>Kirkpatrick Bldg</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Aug. 10, 1957</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Mt Olive</b>		23d. LOCATION (City, town, or county) (State) <b>St. Joseph, Mo.</b>	
24. FUNERAL DIRECTOR <b>Norman W. Gudenfaden</b>		25. DATE RECD. BY LOCAL REG. <b>8-12-1957</b>	
ADDRESS <b>St. Joseph, Mo.</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Robert Fulton</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

*Dr. Rogers*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was examined  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Robert H. Gaylor*

Licensed Embalmer No. 3300

P. O. Address St. Joseph

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.