

FILED MAR 24 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008930
STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 295

300
-57

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

54

All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph,</u>		c. CITY OR TOWN <u>St. Joseph</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph, Hosp.</u>		d. STREET ADDRESS <u>520 Kentucky</u>	
3. NAME OF DECEASED (Type or print) First <u>Albert</u> Middle <u>S.</u> Last <u>Kosek</u>		4. DATE OF DEATH Month <u>Mar.</u> Day <u>15</u> Year <u>1958</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 24, 1878</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Re. Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Swift & Co</u>	11. BIRTHPLACE (City and state or country) <u>Poland 4</u>
13a. FATHER'S NAME <u>Unk</u>		13b. MOTHER'S MAIDEN NAME <u>Unk.</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Kosek</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>487-05-1096</u>	17. INFORMANT Address <u>Albert S. Kosek St. Joseph, Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u> DUE TO (b) <u>Gen. arteriosclerosis</u> DUE TO (c) <u>331X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Meningeal Infection - Meningitis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u> <u>hrs</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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.) <u>2</u>		20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____	
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		COUNTY STATE	
21. I attended the deceased from <u>3-15-58</u> to <u>3-15-58</u> and last saw ^{her} alive on <u>3-15-58</u> Death occurred at <u>1:32 P.M. 3-15-58</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>McGinnis MD</u>		22b. ADDRESS <u>St Joseph Mo</u>	
22c. DATE SIGNED <u>3-17-58</u>		23a. BURIAL, CREMATION, RENOVATION (Specify) <u>Burial</u>	
23b. DATE <u>3/18/58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>t. Olivet Cemetery</u>	
23d. LOCATION (City, town, or county) <u>St. Joseph, Mo</u>		(State)	
24. FUNERAL DIRECTOR <u>Russ Funeral Home</u>		ADDRESS <u>St. Joseph, Mo</u>	
25. DATE RECD. BY LOCAL REG. <u>Mar. 18, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Clark Goodell</u>	

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, ~~only~~, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *John E. Rupp*

Licensed Embalmer No. *3986*
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.