				DIVISION OF HEALT		58	58-021068		
				4.0		1000	TATE FILE		
Ш	ED JUL 14	. 1958 gistration Dist	<u>rict No</u>	42 Pri	imary Registration District No.	T000	Registr <u>ar's</u>	№ 736	
1.	PLACE OF DEATE	н chanan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Buchanan				
	OR		TOWNSHIP onl	y) Inside Limits Yes 🙀 No 🗌	C. CITY OR TOWN St.	Joseph	117	Inside Limits Yes ∰ No ☐	
c. FULL NAME OF (If NOT in hospital, give location HOSPITAL ORSt. Joseph's Hospinstitution St.			ve location) Hospe	Length of stay in 1b 65 Yrs	d. STREET ADDRESS 913			Reside on Form Yes No TX	
3.	HAME OF DECEA			Middle	Last		Month (Day Year	
	(Type or print)	BERNICE	JC	SEPHINE	ZUCHOWSKI	DEATH Jul	Ly 8	1958	
		6. COLOR OR RACE White			8. DATE OF BIRTH Nov. 21, 1938	9. AGE (In years 69 ast birthday)	Months De	EAR IF UNDER 24 HRS. ys Hours Min.	
100	a. USUAL OCCUPATION (Give kind of work done 1)			BUSINESS OR	11. BIRTHPLACE (City and sta	ite or country)	12. CITIZEN	OF WHAT COUNTRY?	
5	seamstress	ng life, even if retired)	Clothii	ig Mfg. 🦯	Antrim, Pa.	/	US	A	
						·	AND OR WIFE		
1	Adam Zuchowski					None			
15. (Ye	S. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no, of promown (If yes, give war or dates of service)				Josephine Zuchowski 911 So. 22nd City				
	18. CAUSE OF DEATH (Enter only one cause political PART I. DEATH WAS CAUSED BY:			(a), (b), and (c).)	alu	, IN	TERVAL BETWEEN		
	which gave rise to above cause (a), stating the under-lying cause last. DUE TO (c)			una	a rike	ue .	d	Ryus.	
							54X		
ICATIO				S CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			?T I (a)	19. WAS AUTOPSY PERFORMED? Z	
CERTIF	200. ACCIDENT	SUICIDE HOMICIDE	20ы. DESCR	BE HOW INJURY OC	CURRED. (Enter nature of inju	ary in PART I or PAR	Till of item 18	.)	
MEDICAL	INJURY a.	.m.							
	20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE						STATE		
Ī	2). I attended the deceased from 8./6.58 , to 7.6.58 and last saw her alive on 7.6.58								
	Death occurred at 8:35 P m on the date stated above; and to the best of my knowledge, from the causes stated.								
1	22a. SIGNATURE	26/	Degree or titl) ارگرار	MKO t	20. 10 Joras	of Me	7	7. 8.58,	
_1	X	Maga						1	
230 E	BURIAL, CREMATIO REMOVAL (Specify)			AME OF CEMETERY OF		LOCATION (City, town,	_	(State)	
230 I	BURIAL, CREMATIO REMOVAL (Specify) BUITI AL FUNERAL DIRECTO	July 12, 19	1	AME OF CEMETERY OF		Joseph N	IO.	(State) Zoodell	
	3. 5. Fe	1. PLACE OF DEAT o. COUNTY Bu b. CITY (If outsing on the county of the	1. PLACE OF DEATH a. COUNTY Buchanan b. CITY (If outside corporate limits, give OR TOWN St. Joseph c. FULL NAME OF (If NOT in hospital, gi HOSPITAL ORSt. JOSEPh's INSTITUTION St. JOSEPh's 3. NAME OF DECEASED First (Type or print) BERNICE 5. SEX 6. COLOR OR RACE Female White 10a. USUAL OCCUPATION (Give kind of work done Sealing Tress 13a. FATHER'S NAME Adam Zuchowski 15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no, of Working) (If yes, give wor ar dates of a PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 18. CAUSE OF DEATH (Enter only one cause lost. Due TO (b) attaining the underlying cause lost. Due TO (c) PART II. OTHER SIGNIFICANT COND 20a. ACCIDENT SUICIDE HOMICIDE 20b. TIME OF Hour Month, Day, Year INJURY a.m. p.m. 20d. INJURY OCCURRED WHILE AT NOT WHILE TO THE Form	STAN ILED JUL 14 1958 gistration District No	STANDARD CERTIFICA 1. PLACE OF DEATH a. COUNTY BUCHANAN b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL ORSt. JOSEPh's Hosp. 3. NAME OF DECEASED (Type or print) BERNICE JOSEPHINE 5. SEX 6. COLOR OR RACE White Whowed 10a. USUAL OCCUPATION (Give bind of work done Swing mays of working life, even if retired) SWEINSTRY BUS 13a. FATHER'S NAME Adam Zuchowski 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. of the normal of the work done of service) 16. SOCIAL SECURITY NO. 19.—09—1098 18. CAUSE OF DEATH (Enter only one cause positive for (a), (b), and (c).) PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to above cause (a), straining the underlying cause last. DUE TO (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but straining the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but in JURY or man, p.m. 20d. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK 120. PLACE OF INJURY (e.g., in or about hon form, factory, street, office bidg., etc.) WHILE AT NOT WHILE WORK 15. WAS DECEASED OF INJURY (e.g., in or about hon form, factory, street, office bidg., etc.)	STANDARD CERTIFICATE OF DEATH Standard Certificate Of Death 42	STANDARD CERTIFICATE OF DEATH	STANDARD CERTIFICATE OF DEATH STATE FILE STANDARD CERTIFICATE OF DEATH A2 Primary Registration District No. 1. PLACE OF DEATH a. COUNTY Buchanan b. CITY OR STATE Missouri b. COUNTY Buchanan c. STATE Missouri c. STATE Missouri b. COUNTY Buch b. CITY OR STATE Missouri c. CITY OR STATE Missouri c. CITY OR STATE Missouri b. COUNTY Buch c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL ORSt. Joseph c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL ORSt. Joseph s. MAB OF DECEASED First Middle JOSEPHINE SUCHOWSKI SEX 6 COLOR OR RACE White White 100. USAL OCCUPATION (Give kind of work done) SEMBLY SEX OF COLOR OR MACE White 101. MAD OF DECEASED SEX 6 COLOR OR RACE White 102. SIJAL OCCUPATION (Give kind of work done) SEMBLY SEX OF COLOR OR MACE White 103. MAD OF DEATH MOON. 113. MATER'S NAME Adam Zuchowski SEX ATTER'S NAME Adam Zuchowski 15. MAD DECEASED EVER IN U. S. ARMED FORCEST (Yee, no. edythord) (If yes yer war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH (Enter only one course pay line [6] (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (o) SOC. TIME OF Hour Month, Doy, Year INJURY a.m. DUE TO (e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (o) 1. SOC. TIME OF Hour Month, Doy, Year INJURY a.m. 1. DUE TO (e) 1. SOC. TIME OF HOM Month, Doy, Year INJURY COCURRED WHILE AT NOT WHILE 200. PLACE OF INJURY (e.g., in or about home, at the late of the part of t	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is re	ecorded on the reverse side of this certificate was embalme
by me, or by	, Student Embalmer No
working under my personal supervision.	$\mathcal{O}_{\mathbf{a}}$
Student	Signed As Gest & Japl

P. O. Address St. Joseph, Mo.

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.