

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024656

STATE FILE NUMBER

FILED AUG 4 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 791

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1025 Penn St.		Length of stay in lb Life	d. STREET ADDRESS (If outside, give location) 1025 Penn St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIDDLE Last ANTHONY RAYMOND LUBOSKI			4. DATE OF DEATH Month Day Year July 24, 1958		
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 9, 1891		9. AGE (In years) 66
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret (3) Bookkeeper		10b. KIND OF BUSINESS OR INDUSTRY It. & Pr Co.		11. BIRTHPLACE (City and state or country) St. Joseph, Mo.	
10c. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Anthony Luboski		13b. MOTHER'S MAIDEN NAME Broxida Bunkowski	
14. NAME OF HUSBAND OR WIFE Frances		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. 491-09-7794	
17. INFORMANT Mrs Bart Kendzora		Address St. Joseph, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		19. INTERVAL BETWEEN ONSET AND DEATH Unknown		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.) 4201			
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 St. Joseph, Mo.		20f. COUNTY STATE	
21. I attended the deceased from Unattended, to _____ and last saw her alive on _____ Death occurred at Found 11 AM 7-24-58 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE [Signature]			22b. ADDRESS 1302 Faraon St. St. Joseph, Mo.		22c. DATE SIGNED 7-25-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-26-58	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		23d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
24. FUNERAL DIRECTOR [Signature]		ADDRESS St Joseph, Mo.		25. DATE RECD. BY LOCAL REG. July 25, 1958	26. REGISTRAR'S SIGNATURE [Signature]

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 *Robert H. Gash* .....

Licensed Embalmer No. *3308* .....

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.