t. Health,
, & Welfare
S. Public
th Service

S. 300
v. 1-57

2

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-036064
STATE FILE NUMBER

FILED NOV 10 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1066

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Medical Center for Federal Prisoners — Length of stay in lb 5mo.4 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Wisconsin b. COUNTY Milwaukee
c. CITY OR TOWN Milwaukee — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 2345-B South 9th Place — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Sigmund Middle Isadore Last Krzyzanowski

4. DATE OF DEATH Month November Day 4, Year 1958

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] 3 DIVORCED [X]
8. DATE OF BIRTH July 28,1913
9. AGE (In years last birthday) 45 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (City and state or country) Milwaukee, Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Bruno Krzyzanowski
13b. MOTHER'S MAIDEN NAME Mary Radomski
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) 1-31-41 to 10-18-43
16. SOCIAL SECURITY NO. **
17. INFORMANT Address Files-MCFP, Springfield, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cachexia — INTERVAL BETWEEN ONSET AND DEATH 1 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Anaplastic Carcinoma of Lung — 9 months
DUE TO (c) 163X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) **********
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year **********
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE *******

21. Attended the deceased from May 29, 1958, to Nov. 4, 1958 and last saw him alive on November 4, 1958
Death occurred at 1:15 P. M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. A. Hunter M.D. (Degree or title) J. A. Hunter, M. D. Clinical Director
22b. ADDRESS Medical Center for Federal Prisoners, Springfield, Mo.
22c. DATE SIGNED 11-4-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11/7/58
23c. NAME OF CEMETERY OR CREMATORY Hazelwood Cemetery
23d. LOCATION (City, town, or county) (State) Springfield, Missouri

24. FUNERAL DIRECTOR AYRE-GOODWIN: ADDRESS Springfield, Mo.
25. DATE RECD. BY LOCAL REG. 11-6-58
26. REGISTRAR'S SIGNATURE Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

NOV 17 1958

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 William B. Cantrell

Licensed Embalmer No. 4820

P. O. Address Republic, 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.