

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043316

STATE FILE NUMBER

FILED JAN 5 1958

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1395

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY Buchanan   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Mo b. COUNTY Buchanan |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN St. Joseph             |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                    | c. CITY OR TOWN St. Joseph, <i>city</i>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION 414 Kentucky |  | Length of stay in 1b  | d. STREET ADDRESS (If outside, give location)<br>414 Kentucky                         |
|   |  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br>Joseph Kush |  |  | 4. DATE OF DEATH<br>Month Day Year<br>Dec 21, 1958 |  |  |
|---|--|--|--|--|--|

|             |                        |   |                                |                                    |                                |                                |
|-------------|------------------------|---|--------------------------------|------------------------------------|--------------------------------|--------------------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Feb. 12, 1890 | 9. AGE (In years last birthday) 68 | IF UNDER 1 YEAR<br>Months Days | IF UNDER 24 HRS.<br>Hours Min. |
|-------------|------------------------|---|--------------------------------|------------------------------------|--------------------------------|--------------------------------|

|  |   |  |  |
|--|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Laborer, (Re) | 10b. KIND OF BUSINESS OR INDUSTRY<br>Packing, Plant | 11. BIRTHPLACE (City and state or country)<br>Poland | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A. |
|--|---|--|--|

|                                   |   |  |
|-----------------------------------|---|--|
| 13a. FATHER'S NAME<br>George Kush | 13b. MOTHER'S MAIDEN NAME<br>Mary Marek | 14. NAME OF HUSBAND OR WIFE<br>Nellie Kush |
|-----------------------------------|---|--|

|  |                            |                              |                           |
|--|----------------------------|------------------------------|---------------------------|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. no | 17. INFORMANT<br>Nellie Kush | Address<br>St. Joseph, Mo |
|--|----------------------------|------------------------------|---------------------------|

|  |                                     |   |
|--|-------------------------------------|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Uremia</u> |                                     | INTERVAL BETWEEN ONSET AND DEATH<br><u>5 Days</u><br><u>2 years</u>                                 |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b) <u>Urinary retention</u> |   |
|  | DUE TO (c) <u>6'0" x</u>            |   |
| 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?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 |

|   |  |
|---|--|
| 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.) |
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|   |  |
|---|--|
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m. |  |
|---|--|

|   |  |   |
|---|--|---|
| 20d. INJURY OCCURRED WHILE AT <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 Feb. 21, 1956 to Dec 21, 1958 and last saw her alive on Dec. 18, 1958  
Death occurred at 4 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

|                                      |                   |                                  |                                     |
|--------------------------------------|-------------------|----------------------------------|-------------------------------------|
| 22a. SIGNATURE<br><i>[Signature]</i> | (Degree or title) | 22b. ADDRESS<br><i>[Address]</i> | 22c. DATE SIGNED<br><u>12-23-58</u> |
|--------------------------------------|-------------------|----------------------------------|-------------------------------------|

|   |                              |  |  |
|---|------------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE<br><u>12/24/58</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Mt. Olivet Cemetery</u> | 23d. LOCATION (City, town, or county) (State)<br><u>St. Joseph, Mo</u> |
|---|------------------------------|--|--|

|  |                                  |  |   |
|--|----------------------------------|--|---|
| 24. FUNERAL DIRECTOR<br><i>[Signature]</i> | ADDRESS<br><u>St. Joseph, Mo</u> | 25. DATE RECD. BY LOCAL REG.<br><u>Dec. 31, 1958</u> | 26. REGISTRAR'S SIGNATURE<br><i>[Signature]</i> |
|--|----------------------------------|--|---|

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

JAN 9 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, ~~by~~ ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *John E. Repp* .....  
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.