

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035229

FILED VS NOV 2 1959

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1082

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		Length of stay in 1b Life	c. CITY OR TOWN St. Joseph
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2801 Sylvania St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2801 Sylvania St.

3. NAME OF DECEASED (Type or print) First ANTON Middle V. Last BOLESKI			4. DATE OF DEATH Month October Day 24, Year 1959	
---	--	--	---	--

5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Feb. 1, 1900	9. AGE (last birthday) 59	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
----------------	---------------------------	---	----------------------------------	------------------------------	--------------------------------	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist	10b. KIND OF BUSINESS OR INDUSTRY C.B. & Q RR Co.	11. BIRTHPLACE (City and state or country) St. Joseph, Mo.	12. CITIZEN OF WHAT COUNTRY USA
--	--	---	------------------------------------

13a. FATHER'S NAME Anton Boleski	13b. MOTHER'S MAIDEN NAME Agnes Nivert	14. NAME OF HUSBAND OR WIFE Helen F. Boleski
-------------------------------------	---	---

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. 707-05-7939	17. INFORMANT Donald Boleseki 2301 Sylvania St. Joseph
--	--	---

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>CARCINOMA OF LUNG.</u>		INTERVAL BETWEEN ONSET AND DEATH 8 MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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.)
---	---	--

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <u>11:00 AM</u>

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 FEB. 19, 1959 to OCT. 24, 1959 and last saw her/him alive on OCT. 24, 1959
 Death occurred at 3:15 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>L.H. Pifer, M.D.</u> (Degree or title)	22b. ADDRESS <u>1302 FARAW</u>	22c. DATE SIGNED <u>10-26-59</u>
---	-----------------------------------	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-26-1959	23c. NAME OF CEMETERY OR CREMATORY Mt, Olivet Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
---	-------------------------	---	--

24. FUNERAL DIRECTOR <u>H.O. Sidenbacher & Son</u> R.R. 4.	ADDRESS <u>St. Joseph, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Oct. 26, 1959</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Clark Goodell</u>
--	-----------------------------------	--	--

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

L.H. PIFER, M.D. MEDICAL CERTIFICATION

BY AFFIDAVIT OF

213

6961 7 NOV SA

Sidenfaden

JUL 28 1961

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. Geph

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.