

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-000359

FILED VS. JAN 11 1960 042

Primary Registration District No. 1000

Registrar's No. 20

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Buchanan				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 45yrs		c. CITY OR TOWN St. Joseph		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 6410 Washington			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Albert John Mazur				4. DATE OF DEATH Month Jan. Day 6 Year 1960				
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. 2, 1914	9. AGE (last birthday) 45	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Scaler			10b. KIND OF BUSINESS OR INDUSTRY Swift & Co		11. BIRTHPLACE (City and state or country) St. Joseph, MO		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Martin Mazur			13b. MOTHER'S MAIDEN NAME Sophia Hujda			14. NAME OF HUSBAND OR WIFE Wilma Mazur		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW#11			16. SOCIAL SECURITY NO. 487-05-1706		17. INFORMANT Wilma Mazur 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) Acute Ventricular Fibrillation						INTERVAL BETWEEN ONSET AND DEATH sudden		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Anemia						4 months		
DUE TO (c) Leukemia						4 months		
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 checked="" 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 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		COUNTY		STATE		
21. I attended the deceased from 11-1-54				to Jan. 6, 1960		and last saw him alive on 1-6-60		
Death occurred at 10:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>Maron E. Waggoner M.D.</i>				22b. ADDRESS 301 Illinois Ave St. Joseph Missouri		22c. DATE SIGNED 1/7/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/9/60	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		23d. LOCATION (City, town, or county) (State) St. Joseph, Mo			
24. FUNERAL DIRECTOR <i>John E. Rupp</i>		ADDRESS St. Joseph, Mo		25. DATE RECD. BY LOCAL REG. Jan. 8, 1960		26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Gardell</i>		

DOCUMENT

S.E. Waggoner, M.D. MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 14 1960

JAN 14 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

~~of~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John P. Rupp

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 conform 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.