

11 DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 8 1960 / 28

=60-001109

Registration District No. 2000 Primary Registration District No. 108 B REGISTRAR'S No. 108 B

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Greene</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u> Length of stay in 1b <u>16 hrs</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. John's Hosp</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>TEXAS</u> c. CITY OR TOWN <u>CAbool</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
3. NAME OF DECEASED (Type or print) First <u>Pete</u> Middle <u>FRANK</u> Last <u>MACZUK</u>				4. DATE OF DEATH Month <u>JANUARY</u> Day <u>25</u> Year <u>1960</u>									
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>white</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>4-29-1910</u>		9. AGE (last birthday) <u>49</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HR Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tavern owner</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Tavern</u>		11. BIRTHPLACE (City and state of country) <u>Raymondville, MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>					
13a. FATHER'S NAME <u>Stanley Maczuk</u>				13b. MOTHER'S MAIDEN NAME <u>MARGIE E. Mary Binkus</u>				14. NAME OF HUSBAND OR WIFE <u>MARGE MACZUK</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>493-16-5429</u>		17. INFORMANT <u>FRANK MACZUK</u> Address <u>CAbool, Mo.</u>							
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>Gun shot wound of head</u> DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <u>Less than 24 hrs</u>			
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 checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Said to be shot by his wife</u>									
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u>1-24-60</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>		20f. CITY, TOWN, OR LOCATION <u>CAbool, Texas</u>		COUNTY <u> </u>		STATE <u>MO.</u>			
21. I attended the deceased from <u>1-24-60</u> to <u>1-25-60</u> and last saw him alive on <u>1-24-60</u> Death occurred at <u>1-25-60 5:15 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>John P. Kang M.D.</u>						22b. ADDRESS <u>1630 S. Glacstone, Springfield</u>			22c. DATE SIGNED <u>1-30-60</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>1-25-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>CAbool Cemetery</u>		23d. LOCATION (City, town, or county) <u>CAbool, MO.</u>							
24. FUNERAL DIRECTOR <u>Jim Gentry</u> Address <u>CAbool, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>2-1-60</u>				26. REGISTRAR'S SIGNATURE <u>Effie S. Meeton</u>					

BY AFFIDAVIT OF funeral director MEDICAL CERTIFICATION DOCUMENT

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SEP 20 1960

FEB 24 1960

MAR 16 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 _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Gene C. Hunt

Licensed Embalmer No. 473

P. O. Address Spfd, T

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to 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.