

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-007017

FILED VS MAR 7 1960 172

Registration District No. Primary Registration District No. 3034 Registrar's No. 21

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <b>LAFAYETTE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>LAFAYETTE</b>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>HIGGINSVILLE</b>	Length of stay in 1b <b>4 WEEKS</b>	c. CITY OR TOWN <b>HIGGINSVILLE</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>SCHLEICHER REST HOME</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>29 WALNUT STREET</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>ALBERT V. KOSMISKI</b>			4. DATE OF DEATH Month Day Year <b>FEB. 24-1960</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>MAR 26 1874</b>	9. AGE (last birthday) <b>83</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>POLAND</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>SIMON KOSMISKI</b>		13b. MOTHER'S MAIDEN NAME <b>KOSTANIA</b>		14. NAME OF HUSBAND OR WIFE <b>ELIZABETH KOSMISKI</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>487-20-0127</b>	17. INFORMANT Address <b>ELIZABETH KOSMISKI, HIGGINSVILLE MO</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <b>Several years</b>
IMMEDIATE CAUSE (a) <b>ASAD</b>		
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) <b>arteriosclerotic encephalopathy</b>		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	
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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 **Oct. 1957** to **Feb. 24, 1960** and last saw <sup>her</sup>him alive on **Feb. 24, 1960**  
Death occurred at **12:35 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Wilbur E. Kulkerson</b>		22b. ADDRESS <b>Higginsville Missouri</b>	22c. DATE SIGNED <b>2-27-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>2-26-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ST MARY'S CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>HIGGINSVILLE MO.</b>
24. FUNERAL DIRECTOR <b>WIEGERS-RIEKHOE HIGGINSVILLE</b>		25. DATE RECD. BY LOCAL REG. <b>Mar. 2, 1960</b>	26. REGISTRAR'S SIGNATURE <b>Lucie Gordon Jordan</b>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

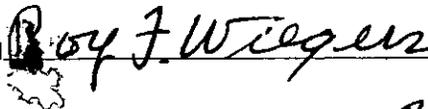
BY AFFIDAVIT OF

**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

  
Roy J. Wiegman

Licensed Embalmer No. 2883

P. O. Address

Higginsville

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.