

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018443

FILED VS MAY 23 1960 042

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570

STATE FILE NUMBER

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

NDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Buchanan		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		a. STATE Mo		b. COUNTY Buchanan	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital		Length of stay in 1b 50yrs		c. CITY OR TOWN St. Joseph,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) 520 Kentucky		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Anna Middle Kosek Last				4. DATE OF DEATH Month May Day 14, Year 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Mar. 23, 1888	9. AGE (last birthday) 72	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) House keeper		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Poland		12. CITIZEN OF WHAT COUNTRY Poland	
13a. FATHER'S NAME ? ? Kusk		13b. MOTHER'S MAIDEN NAME Unk		14. NAME OF HUSBAND OR WIFE Albert Kosek (de)			
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. none		17. INFORMANT Address Albert Kosek, St. Joseph, Mo			
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 1 mo	
IMMEDIATE CAUSE (a) Cerebral Vascular Accident							
DUE TO (b) Gen Arteriosclerosis						4 yrs	
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Dissecting A; Cerebral deterioration						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 Month, Day, Year							
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 5-1- to 5/14/60 and last saw her alive on 5-13-60				Death occurred at 4:20 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Mr. Grimes M.D.			22b. ADDRESS St Joseph Mo			22c. DATE SIGNED 5/16/60 (State)	
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/17/60		23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		23d. LOCATION (City, town, or county) St. Joseph, Mo	
24. FUNERAL DIRECTOR St. Joseph, Mo			25. DATE RECD. BY LOCAL REG. May 19 1960		26. REGISTRAR'S SIGNATURE Mrs. Clark Handell		

DOCUMENT

M.E. Grimes, M.D. 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

_____ of _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John E. Ruff

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.