MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-014357
STATE FILE NUMBER

AMENDED

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 39

FILED APR 24 1961

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Aurora
Length of stay in 1b: ----
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Aurora Hospital
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lawrence
c. CITY OR TOWN: Aurora
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rt. #1 Aurora, Mo.
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First SUSAN Middle Last WEGRZYN
4. DATE OF DEATH: Month April Day 19 Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8/23/59
9. AGE (last birthday): 1½
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): Child
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Aurora, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Pete Wegrzyn
13b. MOTHER'S MAIDEN NAME: Katarzyna Hulek
14. NAME OF HUSBAND OR WIFE: - - - - - - - -
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): - - - - - - - - - - - - - -
16. SOCIAL SECURITY NO.: - - - - - - - - - -
17. INFORMANT: Pete Wegrzyn Address: Aurora, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): drowning — INTERVAL BETWEEN ONSET AND DEATH: 10 min
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 4/19/61, to 4/19/61 and last saw (her) him alive on 4/19/61
Death occurred at approx. 4 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: [illegible] (Degree or title) M.D.
22b. ADDRESS: Aurora Mo.
22c. DATE SIGNED: 4/21/61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4/21/61
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): Aurora, Mo.
24. FUNERAL DIRECTOR: Arnold's Funeral Home ADDRESS: Aurora, Mo.
25. DATE RECD. BY LOCAL REG.: 4-21-61
26. REGISTRAR'S SIGNATURE: Minnie McNatt Deputy

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.
DOCUMENT
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 me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Irvin R. Arnold

Licensed Embalmer No. 4929

P. O. Address Aurora, 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.