

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-041755

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

042

1000

1365

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED DEC 12 1962

1. PLACE OF DEATH

a. COUNTY Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Joseph,

Length of stay in lb
5 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL ORD INSTITUTION D.O.A. Mo. Methodist Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Buchanan

c. CITY OR TOWN St. Joseph,

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS 402 W Indiana Ave

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Joseph

Middle

Last Zachwiej

4. DATE OF DEATH

Month Day Year
Dec 7, 1962

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH Feb 20 1888

9. AGE (last birthday) 74

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR.
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during last year of working life, even if retired)
Re: Laborer

10b. KIND OF BUSINESS OR INDUSTRY Swift & Co

11. BIRTHPLACE (City and state or country) Poland

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME

Peter Zachwiej

13b. MOTHER'S MAIDEN NAME

Unk

14. NAME OF HUSBAND OR WIFE

Antonette Zachwiej

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. 487-05-0931

17. INFORMANT Address
Antonette Zachwiej, 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)

Unattended Death - Apparently Natural Causes. Investigated by the City Health Department.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

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 Month, Day, Year
a.m. p.m.

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 1:45 P.M. to 12/7/62

and last saw her alive on 12/7/62

22. SIGNATURE

Robert M. Kieber, M.D. City Health Officer

22b. ADDRESS

St. Joseph, Mo

22c. DATE SIGNED

12-10-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE 12/11/62

23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery

23d. LOCATION (City, town, or county) St. Joseph, Mo

24. FUNERAL DIRECTOR

ADDRESS

St. Joseph, Mo

25. DATE RECD. BY LOCAL REG. Dec. 10, 1962

26. REGISTRAR'S SIGNATURE

Mrs. Clark

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

R.W. Kieber, M.D. Medical Certification

Don't send 12/10/62

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,

by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John E. Pepp

Licensed Embalmer No.

3986

P. O. Address

H. Joseph M.

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.