

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

11701
Do not use this space.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

FILED APR 2 1943

1. PLACE OF DEATH
 (a) County Wes Registration District No. 253
 (b) Township Boone Primary Registration District No. 619E
 (c) City _____ (d) Street No. 1 St.
 (e) Length of residence in city or town where death occurred _____ yrs. mos. ds. (f) How long in U. S., if of foreign birth? _____ yrs. mos. ds.
 2. PRINT FULL NAME Leo M. Novak
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 1, Married

5A. IF MARRIED, HUSBAND OF Pauline Novak

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9, 1897

7. AGE YEARS 45 MONTHS 11 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Day Labor
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) June 1941 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago Ill.

FATHER
 13. NAME John Novak
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago Ill.

MOTHER
 15. MAIDEN NAME Mary Stevicki
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago Ill.

17. INFORMANT Pauline Novak
 (ADDRESS) Kinderpost - Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Williams Era DATE 3-17-43

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Smith Ferguson
Licking Mo.

20. FILED 3/30 19 43 Maggie Wilson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 12 19 43

22. I HEREBY CERTIFY, That I attended deceased from _____ 19 _____ to Mar 13 19 43
 I last saw him alive on Mar 13 19 43 Death is said to have occurred on the date stated above, at 9:10 P. m.
 The principal cause of death and related causes of importance were as follows:
Diabetes Mellis went into coma

Date of onset _____

Other contributory causes of importance:
61

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Lester Randal, M. D.
 (Address) Licking, Mo.

APR 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 me, Me

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed Embert E Ferguson

Licensed Embalmer No. 3945

P. O. Address Licking 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 this body is not embalmed, above space should be left blank.