

FILED NOV 29 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37668

State File No. _____

Registration District No. 290

Primary Registration District No. 5984

Registrar's No. 130

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Richland Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Liberty Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME NOBEL MELVIN CHAYK

3. (b) If veteran, name war No. 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lenna Celank 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Oct. 26. 1908
(Month) (Day) (Year)

8. AGE: Years 44 Months 0 Days 24 If less than one day hr. _____ min. _____

9. Birthplace Richland Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Boiler maker

11. Industry or business Boiler maker work

12. Name Isiah Celank

13. Birthplace Richland Mo
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Munster

15. Birthplace Wardburg Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Lenna Celank

(b) Address 741 So Newcastle St Richland Mo

17. (a) Burial (b) Date thereof 11-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Munster Cemetery

18. (a) Signature of funeral director R B Dejepe

(b) Address Richland Mo

19. (a) 11-20-48 (b) Detmas C. Buckthorn
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shelby
(c) City or town Shelby
(If outside city or town limits, write "RURAL")
(d) Street No. 741 A South Newcastle 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 18 year 1948 hour 11 minute 45 AM

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____,

and that death occurred on the date and hour stated above.

Immediate cause of death Gun Shot Duration _____

Wound in left temple

Due to White hunting

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accidental 85

(b) Date of occurrence _____

(c) Where did injury occur? Richland Pulaski Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Farm White hunting

While at work? no (Specify type of place) (e) Means of injury Gunshot

23. Signature R B Dejepe _____

Address Richland Mo Date signed 11/19/48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2
13
39
37823

FEB 25 1949

DEC 6 1948

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *R. B. Teepee*

Licensed Embalmer No. *3198*

P. O. Address *Richland 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, fact should be so stated above.