

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40706

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 202

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

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY OR TOWN <u>Marceline</u>	c. LENGTH OF STAY (In this place) <u>40 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Marceline</u> OR TOWN <u>53</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>222 E. Houston</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>	b. (Middle) <u>Barbara</u>	c. (Last) <u>Fiala</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 29 1948</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov 29 1873</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Chicago Ill, 1947</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>Peter Watsky</u>	13b. MOTHER'S MAIDEN NAME <u>Antonia Oricesky</u>	14. NAME OF HUSBAND OR WIFE <u>Joseph F Fiala</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Joseph F Fiala Jr</u>	ADDRESS <u>Marceline Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  <u>4/10/13</u>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cancer of stomach</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>anemia, emaciation</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Marceline Linn Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>1</u>
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22. I hereby certify that I attended the deceased from Aug., 1948, to Dec. 29, 1948, that I last saw the deceased alive on Dec 29, 1948, and that death occurred at 11:00 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>Philip Q. Ottman, M.D.</u>	(Degree or title)	23b. ADDRESS <u>220 W Gracia, Marceline, Mo.</u>	23c. DATE SIGNED <u>12/29/48</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>	24b. DATE <u>Dec 30 1948</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Oliver's</u>	24d. LOCATION (City, town, or county) (State) <u>Marceline Mo</u>
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DATE REC'D BY LOCAL REG <u>12/30/1948</u>	REGISTRAR'S SIGNATURE <u>Mary Jane Owens</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James McLaughlin</u>	ADDRESS <u>Marceline Mo</u>
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FEB 5 1958

*John J. ...*

**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.

Signed \_\_\_\_\_

*Dale Bunch*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

*4088*

P. O. Address \_\_\_\_\_

*Marceline 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.