

FILED JAN 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1587

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 23	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Jasper		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. LENGTH OF STAY (In this place) 3 Days		d. FULL NAME OF HOSPITAL OR INSTITUTION St John's 0	
a. STATE Missouri		b. COUNTY McDonald 1-0		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Anderson 0		d. STREET ADDRESS (If rural, give location) 0 1	
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) AUGUSTA			b. (Middle) RATA CZAK			c. (Last) RATA CZAK	
(Type or Print)			Jan 13 1949			Female	
6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)	
White		widowed		Oct. 31, 1870		78	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Housewife				Illinois 1		U.S.	
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE	
Frank Lantzkowsky			Kathleen Westraun			John Rataczak	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME ADDRESS	
no			none			Edward Rataczak Anderson Mo	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured left hip.			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				INTERVAL BETWEEN ONSET AND DEATH 24 hours			
II. OTHER SIGNIFICANT CONDITIONS				DUE TO (b) 3.0			
Conditions contributing to the death but not related to the disease or condition causing death.				9-90-14			
DUE TO (c) Bronchial Pneumonia.							
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?	
						YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
Accident		Hospital		Joplin Jasper Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
1-11-49 12:00 m.				Fall out of Hospital bed.			
22. I hereby certify that I attended the deceased from 1-7, 1949, to 1-13, 1949, that I last saw the deceased alive on 1-12, 1949, and that death occurred at 3:00 pm., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title)				23b. ADDRESS		23c. DATE SIGNED	
J. W. Blauvelt, M.D.				Anderson Mo.		1-14-49	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
Burial		Jan 15, 1949		Anderson		Anderson Mo.	
DATE REC'D BY LOCAL REG		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			
1-18-49		Ed D. James		Jation Funeral Home Anderson Mo			
by Robert K. Phillips, Embalmer's Statement on Reverse Side RE. Cleatham							

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

49  
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**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 me

Student Embalmer No. ✓

working under my personal supervision.

Signed ✓  
Student Embalmer

Signed R.E. Cheatham

Licensed Embalmer No. 3813

P. O. Address Anderson, Mo. it

**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.