

FILED MAY 10 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **12915**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 559L Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Central</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Central</u>	
c. LENGTH OF STAY (in this place) <u>14 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Hillsboro Route # 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hillsboro - Route 1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Wenzel</u> b. (Middle) <u>N.M.W.</u> c. (Last) <u>Hlava</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-25-49</u>			
5. SEX <u>MD</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>	8. DATE OF BIRTH <u>Sept. 28-1872</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months   Days	IF UNDER 24 HRS. Hours   Mins.
10a. USUAL OCCUPATION (Give kind of work done during the most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>		11. BIRTHPLACE (Specify foreign country) <u>Czechoslovakia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Not Known</u>		13b. MOTHER'S MAIDEN NAME <u>Not Known</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie Mach</u>	
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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm. Hlava Madison, Ill.</u>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of stomach</u>		<u>1 year</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.			

19a. DATE OF OPERATION <u>Aug. 1948</u>		19b. MAJOR FINDINGS OF OPERATION <u>Inoperable carcinoma of stomach 15V</u>		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)	
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?	

22. I hereby certify that I attended the deceased from Feb. 28, 1949, to April 25, 1949, that I last saw the deceased alive on April 19, 1949, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thomas A. Donnell D.M.P.</u>		23b. ADDRESS <u>Delato, Mo.</u>		23c. DATE SIGNED <u>4-27-49</u>	
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-28-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ware</u>		24d. LOCATION (City, town, or county) (State) <u>Ware, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>4-28-49</u>		REGISTRAR'S SIGNATURE <u>Kathleen Marsden</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. Lee Mothershead, De Soto, Mo.</u>	
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

505

RECEIVED  
District Health Officer No. 9,  
District File Number 5-9-49  
Date Filed

MAR 27 1958

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

Andrew H. England

Student Embalmer No. 232

working under my personal supervision.

Student .....  
Student Embalmer

Signed

[Signature]  
W. E. Muthershead

Licensed Embalmer No. 3531

P. O. Address Osseto MD

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.