

FILED JUL 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24384

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

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BIRTH NO. _____		REG. DIST. NO. <u>282</u>		PRIMARY REG. DIST. NO. <u>5979</u>		Registrar's No. <u>181</u>	
1. PLACE OF DEATH a. COUNTY <u>Polk Township</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>			
b. CITY OR TOWN <u>Bolivar</u>		LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Bolivar</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Miles S.E. of Bolivar</u>				d. STREET ADDRESS (If rural, give location) <u>Miles S.E. of Bolivar</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cygnus</u> b. (Middle) <u>Mary</u> c. (Last) <u>Ruzicka</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 4 1949</u>				
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>Jan. 4, 1885</u>	
9. AGE (In years last birthday) <u>64</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>		11. BIRTHPLACE (State or foreign country) <u>La. Crosse, Wis.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frank Stanek</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Joseph Frank Ruzicka</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joe F. Ruzicka</u> ADDRESS <u>Bolivar, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>A</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, 19____, from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Joseph Stanek, Polk Co. Coroner</u>				23b. ADDRESS <u>Bolivar, Mo.</u>		23c. DATE SIGNED <u>7-5-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>July 6, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Carlin Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carlin, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 19, 1949</u>		REGISTRAR'S SIGNATURE <u>Ralph Gardner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arvid Blue</u> ADDRESS <u>Bolivar, Mo.</u>			

RECEIVED

District Health Officer No. 7,

District File Number 649-894

Date Filed 7-25-49

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.

Student
Student Embalmer

Signed W. L. P. Erwin

Licensed Embalmer No. 3092

P. O. Address Palmer, 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.