

FILED MAR 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5987 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dixon, Mo. Rt. 2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dixon, Mo. Rt. 2</u>	
c. LENGTH OF STAY (in this place) <u>4 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0850</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Antonia</u> b. (Middle) <u>Cetina</u> c. (Last) <u>Cetina</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 15, 1950</u>		
--	--	--	---	--	--

5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 20, 1866</u>		9. AGE (in years last birthday) <u>84</u> IF UNDER 1 YEAR Months <u>1</u> Days <u>23</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
----------------------	--	-------------------------------	--	---	--	---------------------------------------	--	--	--

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>Fuzene Croatia, Youglslavia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
--	--	-----------------------------------	--	--	--	--	--

13a. FATHER'S NAME <u>Thomas Cetina</u>		13b. MOTHER'S MAIDEN NAME <u>Kuzlarich</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph Cetina</u>	
---	--	--	--	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give post or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Cetina Dixon Rt 2, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>primary Bronchial pneumonia</u> ANTECEDENT CAUSES <u>Senility</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) <u></u> 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>3 days</u>	
---	--	--	--	--	--	--	--

19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
---------------------------------	--	---	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>	
---	--	---	--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>	
---	--	--	--	-------------------------------------	--

22. I hereby certify that I attended the deceased from March 12, 1950, to March 15, 1950, that I last saw the deceased alive on March 15, 1950, and that death occurred at 3 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John A. Mikalovich D.O.</u>		23b. ADDRESS <u>Crocker, Mo.</u>		23c. DATE SIGNED <u>3-16-50</u>	
---	--	----------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3/16/50</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Melcher, Iowa</u>	
--	--	--------------------------	--	------------------------------------	--	--	--

DATE REC'D BY LOCAL REG. <u>3-24-50</u>		REGISTRAR'S SIGNATURE <u>Shelma C. Buckhorn</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Walter P. Hedger</u>		ADDRESS <u>Iberia, Mo.</u>	
---	--	---	--	--	--	----------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

0850

5912

RECEIVED 3/23/50
Pulaski County Health Officer

File Number 29

Date Filed 3/24/50

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 Walter P. Hedger

Licensed Embalmer No. 4265

P. O. Address Iberia, Missouri

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.