

FILED JUL 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23760

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 296

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY OR TOWN <u>Sugar Creek</u> c. LENGTH OF STAY (in this place) <u>37 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, 10807 Scarritt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Sugar Creek</u> <u>1481</u> d. STREET ADDRESS (If rural, give location) <u>10807 Scarritt</u> <u>0</u>	
3. NAME OF DECEASED a. (First) <u>Louis</u> b. (Middle) _____ c. (Last) <u>Stoyko, Sr.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 20, 1950</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 16, 1882</u>
9. AGE (in years last birthday) <u>67</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Trucking</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>self employed</u>	9. AGE (if UNDER 1 YEAR) Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____ 11. BIRTHPLACE (State or foreign country) <u>Hungary</u> 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Joseph Stoyko</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Frances Stoyko</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>none</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Frances Stoyko</u> ADDRESS <u>Sugar Creek, 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>Respiratory Failure</u> ANTECEDENT CAUSES <u>Bronchial Asthma</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Cardio-renal syndrome</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. INTERVAL BETWEEN ONSET AND DEATH. <u>6 mos</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 <u>6-22, 1950</u>, to <u>7-18, 1950</u>, that I last saw the deceased alive on <u>7-18, 1950</u>, and that death occurred at <u>3:50A m.</u>, from the causes and on the date stated above.			
23a. SIGNATURE <u>E. M. Bernick, D.O.</u> (Degree or title)		23b. ADDRESS <u>Sugar Creek Mo</u>	23c. DATE SIGNED <u>7-21-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-22-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>	24d. LOCATION (City, town, or county) (State) <u>Independence Mo</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Independence, Mo.</u>

JUL 24 RECD

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 R. A. Lisle

Licensed Embalmer No. 4123

P. O. Address Indygar, 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.