

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 15 1950

State File No.

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 237 PRIMARY REG. DIST. NO. 5820 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Gideon</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Gideon (Rural)</u> <u>0750</u>	
c. LENGTH OF STAY (in this place) <u>7 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home (Rural)</u>			

3. NAME OF DECEASED a. (First) <u>MARY</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>VAVAK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-3-50</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>Aug 1881</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>11</u> Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Wayne County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Louis Belle</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Jacob</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Vavak</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 ADDRESS	

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		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>6 mo.</u> <u>152X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Pancreas</u> 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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <input type="checkbox"/> 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 6-15, 1950, to 8-3, 1950, that I last saw the deceased alive on 7-15, 1950, and that death occurred at 5:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Hopkins, M.D.</u> (Degree or title)	23b. ADDRESS <u>Gideon, Mo.</u>	23c. DATE SIGNED <u>8-3-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-4-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Malden Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>Malden, Missouri</u>

DATE REC'D BY LOCAL REG. <u>Aug. 4, 1950</u>	REGISTRAR'S SIGNATURE <u>Ms. Byron Sharp</u>	215	FUNERAL DIRECTOR'S SIGNATURE <u>Elizabeth Russell Leggett, Ark.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
 District Health Office
 District Health Office
 District File Number
 Date Filed
 AUG 12 1950
 File No. 6

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.

Student _____
Student Embalmer

Signed Lloyd Russell

Licensed Embalmer No. 589

P. O. Address Liggott, Ark.

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.