

No. 300
10.48

FILED JUL 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24190

BIRTH NO. _____ REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 5880 Registrar's No. 26

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Osage</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u> | |
| b. CITY OR TOWN <u>Rural, Crawford Twp</u> | c. LENGTH OF STAY (in this place) <u>16 yrs</u> | c. CITY OR TOWN <u>Rural, Crawford Twp</u> <u>0750</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u> | | d. STREET ADDRESS (If rural, give location) <u>Freedom, Mo.</u> | |

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|---|---|---|---|------------------------------------|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) _____ c. (Last) <u>Pazdernick</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 9th, 1950</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | 8. DATE OF BIRTH <u>July 16th, 1871</u> | | 9. AGE (In years last birthday) <u>78</u> |
| 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 _____ | 11. BIRTHPLACE (State or foreign country) <u>Cezecho</u> <u>6</u> | | 12. CITIZEN OF WHAT COUNTRY? _____ | |

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| 13a. FATHER'S NAME <u>Thomas Macha</u> | 13b. MOTHER'S MAIDEN NAME <u>Marie Slapaka</u> | 14. NAME OF HUSBAND OR WIFE <u>Fred pazdernick</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____ | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Marie Pazdernick, St. Louis, Mo.</u> |

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> | ANTECEDENT CAUSES | | <u>Sudden</u> |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | 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. | | <u>1/201</u> |

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| 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) _____ | 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 _____ m., from the causes and on the date stated above.

| | | |
|---|-------------------------------|---|
| 23a. SIGNATURE <u>Clyde Morton</u> (Degree or title) <u>3</u> Coroner | 23b. ADDRESS <u>Linn, Mo.</u> | 23c. DATE SIGNED <u>7/10/50</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>7/11/50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters & Paul</u> |
| | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> |

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|---|---|--|
| DATE REC'D BY LOCAL REG. <u>7/11/50</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>235</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clyde Morton Linn Mo</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUL 18 1960
District Health Officer No. 9,
District File Number ~~100~~ 100

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Vernon M. Morton

Signed.....
Student Embalmer

Licensed Embalmer No. *4125*

P. O. Address *Levin, 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.