

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38006

State File No. ....

FILED NOV 25 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 127

0271

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

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LOUISIANA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-BUFFALO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PIKE COUNTY HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. TWO, LOUISIANA, MO.</u>	

3. NAME OF DECEASED (Type or Print) <u>HELEN</u> a. (First) <u>—</u> b. (Middle) <u>—</u> c. (Last) <u>SLADEK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 11, 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>AUG. 18, 1864</u>		9. AGE (In years last birthday) <u>86</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (State or foreign country) <u>BOHEMIA</u>		12. CITIZEN OF WHAT COUNTRY? <u>?</u>	

13a. FATHER'S NAME <u>FRANK KUNA</u>		13b. MOTHER'S MAIDEN NAME <u>MARY VATRUKA</u>		14. NAME OF HUSBAND OR WIFE <u>HENRY SLADEK (DECEASED)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. TOM HARRIS - ROUTE ONE - CLARVILLE, MO.</u> ADDRESS <u>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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>  *ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive Cordis -</u> DUE TO (c) <u>Vascular Renal Disease</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>442X</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</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) _____		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 1-16, 1947 to 11-11, 1950, that I last saw the deceased alive on 11-10, 1950, and that death occurred at 1:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas. H. Lemellen</u> (Degree or title) <u>V.M.D.</u>		23b. ADDRESS <u>Louisiana, Missouri</u>		23c. DATE SIGNED <u>11-13-50</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov. 13, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>RIVERVIEW CEMETERY</u>	
				24d. LOCATION (City, town, or county) (State) <u>LOUISIANA, MO.</u>	

DATE REC'D BY LOCAL REG. <u>Nov 13, 1950</u>		REGISTRAR'S SIGNATURE <u>Bernice Callen</u> <u>374</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>HALEY MORTUARY, LOUISIANA, MO.</u> ADDRESS _____	
--	--	--	--	--	--

Date Received: NOV 18 1950  
DISTRICT HEALTH OFFICE #2  
District File Number 11-50-19  
Date Filed: NOV 22 1950

---

---

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.....  
Student Embalmer

Signed George M. Callier  
Licensed Embalmer No. 3839

P. O. Address Louisiana

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.