

FILED FEB 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4632
Registrar's No. 7

BIRTH NO. REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562

1. PLACE OF DEATH
a. COUNTY Pilot Knob Mo.
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pilot Knob Mo
c. LENGTH OF STAY (In this place) 40 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Iron
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pilot Knob Mo
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED
a. (First) Sussann b. (Middle) c. (Last) Novak
4. DATE OF DEATH (Month) (Day) (Year) Feb 15 51

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Feb 25 1883 9. AGE (In years last birthday) 87 IF UNDER 1 YEAR Months 11 Days 20 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Horse keeper 10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Austria Hungary 8 12. CITIZEN OF WHAT COUNTRY? US.A.

13a. FATHER'S NAME UNK 13b. MOTHER'S MAIDEN NAME JNK 14. NAME OF HUSBAND OR WIFE John Novak

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Aleck Novak Ironton, Mo RR#1

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Degeneration
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. Arteriosclerosis
INTERVAL BETWEEN ONSET AND DEATH Unknown
4221

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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) m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 14, 1951, to Feb 14, 1951, that I last saw the deceased alive on Feb 14, 1951, and that death occurred at 6 PM on, from the causes and on the date stated above.

23a. SIGNATURE J.H. McFistral, M.D. (Degree or title) 23b. ADDRESS Arcadia, Mo. 23c. DATE SIGNED 2-14-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 2/17/51 24c. NAME OF CEMETERY OR CREMATORY Catholic 24d. LOCATION (City, town, or county) (State) Pilot Knob Mo.

DATE REC'D BY LOCAL REG. Feb 17, 1951 REGISTRAR'S SIGNATURE Mrs. Anna Jones 128 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HOWELL FUNERAL HOME IRONTON, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

0470

RECEIVED

FEB 23 1951

DISTRICT HEALTH OFFICE No. 6

File No.

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

C. P. Howell

Signed.....
Student Embalmer

Licensed Embalmer No. *3670*

P. O. Address *Wilton 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.