

FILED MAY 11 1951

STANDARD CERTIFICATE OF DEATH

State File No. 13643

0900
1

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

BIRTH NO. _____		REG. DIST. NO. 300		PRIMARY REG. DIST. NO. 6030		Registrar's No. 6	
1. PLACE OF DEATH a. COUNTY Reynolds				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Reynolds			
b. CITY (If outside corporate limits, write RURAL and give township) West Lanswood (RURAL)		c. LENGTH OF STAY (In this place) 34 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Lanswood (Rural)		d. STREET ADDRESS (If rural, give location) 0400	
d. FULL NAME OF HOSPITAL OR INSTITUTION own home							
3. NAME OF DECEASED (Type or Print) Frank		a. (First)		b. (Middle) Mahodil		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) 4-2-51		5. SEX M		6. COLOR OR RACE w		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Oct 4, 1864		9. AGE (In years last birthday) 86		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) miner		10b. KIND OF BUSINESS OR INDUSTRY coal	
11. BIRTHPLACE (State or foreign country) New York State		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Antony Mahodil		13b. MOTHER'S MAIDEN NAME unknow	
14. NAME OF HUSBAND OR WIFE Paula Mahodil		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. no		17. INFORMANT'S SIGNATURE OR NAME Paula Mahodil, Lanswood, Mo.	
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) acute Circulatory Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) chronic myocarditis DUE TO (c) and chronic arterial hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 day 5 hrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X				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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from 6-7 , 19 49 , to 4-2 , 19 51 , that I last saw the deceased alive on 6-15 , 19 50 , and that death occurred at 6:12 AM , from the causes and on the date stated above.							
23a. SIGNATURE Frank J. Rucinski, D.O.				23b. ADDRESS Van Buren Mo.		23c. DATE SIGNED 4-3-51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 4/3/51		24c. NAME OF CEMETERY OR CREMATORY Yanuet		24d. LOCATION (City, town, or county) (State) Reynolds Co. Mo.	
DATE REC'D BY LOCAL REG. 4-28-51		REGISTRAR'S SIGNATURE Essie Evans		25. GENERAL DIRECTOR'S SIGNATURE Seaton Lewis Van Buren		ADDRESS Mo.	

RECEIVED

MAY 9 1951

DISTRICT HEALTH OFFICE No. 6

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

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Seaton Pewitt*

Licensed Embalmer No. *2287*

P. O. Address *Van Buren 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.