

FILED JUL 25 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6241 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
D. CITY OR TOWN <u>Rural - Britton Twp.</u>	C. LENGTH OF STAY (In this place) <u>5 yrs.</u>	c. CITY OR TOWN <u>Rural - Britton Twp.</u>	d. STREET ADDRESS (If rural, give location) <u>Near Mineral Point</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Britton Twp.</u>			

3. NAME OF DECEASED a. (First) <u>George</u> b. (Middle) <u>S.</u> c. (Last) <u>Kareta</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 4 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 31 1884</u>
9. AGE (In years last birthday) <u>66</u>	10. MONTHS <u>3</u>	11. BIRTHPLACE (State or foreign country) <u>Lithuania</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fabrics</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	

13a. FATHER'S NAME <u>Mike Kareta</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>-</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Barbara Kazolaski</u> ADDRESS <u>Mineral Point</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>about 15 minutes</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive cardiovascular disease</u>		<u>3 years</u>
	DUE TO (c) <u>Cardiac decompensation</u>		<u>1 1/2 years</u>
	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 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) <u>443X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 July 18<sup>th</sup> 1951, to July 4, 1951, that I last saw the deceased alive on July 4, 1951, and that death occurred at 6 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edward Sabaga</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Potosi, Missouri</u>	23c. DATE SIGNED <u>July 7, 1951</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-7-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. James Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Potosi Mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. Luther Spark</u> ADDRESS <u>Potosi Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-7-51</u>	REGISTRAR'S SIGNATURE <u>Robert</u>	

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

RECEIVED

JUL 10 1951

WASH. COUNTY HEALTH DEPT.

File No. 751-215

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 Murphy Sparks

Licensed Embalmer No. 4236

P. O. Address Hot River 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.