

STANDARD CERTIFICATE OF DEATH

29657

State File No.

FILED SEP 26 1951

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 263

1. PLACE OF DEATH a. COUNTY CALLAWAY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE PORTLAND, MO. b. COUNTY CALLAWAY		
b. CITY (If outside corporate limits, write RURAL and give township) FULTON		c. LENGTH OF STAY (In this place) 30 da.	c. CITY (If outside corporate limits, write RURAL and give township) PORTLAND 0140		
d. FULL NAME OF HOSPITAL OR INSTITUTION CALLAWAY HOSPITAL			d. STREET ADDRESS (If rural, give location) RR# 1		

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) JANE c. (Last) SOUKUP			4. DATE OF DEATH (Month) (Day) (Year) SEPT. 19, 1951		
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5. SEX FE.	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 15, 1889	9. AGE (In years) (Month) (Days) 62 5 4	IF UNDER 1 YEAR Hours Min. 5 4	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (State or foreign country) PORTLAND, MO. 8	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JOSEPH POLACEK	13b. MOTHER'S MAIDEN NAME MARGARET MARTIN	14. NAME OF HUSBAND OR WIFE ADOLPH SOUKUP
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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 ADOLPH SOUKUP PORTLAND, MO.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH + 1-2 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of lung with generalized metastases</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>163X</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION Dec. 1950	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of lung (Far-advanced)</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (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 9/22, 1950, to 9/19, 1951, that I last saw the deceased alive on 9/18, 1951, and that death occurred at 3:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Henry W. Smith, M.D.</u>	23b. ADDRESS FULTON, MO.	23c. DATE SIGNED 9/20/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE SEPT. 21, 1951	24c. NAME OF CEMETERY OR CREMATORY BETHEL	24d. LOCATION (City, town, or county) (State) READSVILLE, MO.
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DATE REC'D BY LOCAL REF. Sept. 20, 1951	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	4-75 <u>REM</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WALLACE FUNERAL HOME FULTON, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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File No. _____
DISTRICT HEALTH OFFICE NO. 4

SEP 24 1951

RECEIVED

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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 Russell C. Maag

Licensed Embalmer No. 4804

P. O. Address Fulton, 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.