

No. 300  
10.48

FILED NOV 21 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37842**  
Registrar's No. **176**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **155** PRIMARY REG. DIST. NO. **3127**

492

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

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Pennsylvania</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Webb City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>McKees Rock</b>	
c. LENGTH OF STAY (In this place) <b>10hrs.</b>		d. STREET ADDRESS (If rural, give location) <b>8</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jane Chinn Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>METRO</b>			a. (First) _____ b. (Middle) _____ c. (Last) <b>HRISHENKO</b>			4. DATE OF DEATH <b>November 10, 1951</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>November 8, 1926</b>		9. AGE (In years last birthday): <b>25</b> Months <b>0</b> Days <b>2</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Plumber</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Plumbing</b>			11. BIRTHPLACE (State or foreign country) <b>McKees Rock, Pa.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Usten Hrishenko</b>		13b. MOTHER'S MAIDEN NAME <b>Yustinia Hrishenko</b>		14. NAME OF HUSBAND OR WIFE <b>Tillie Hrishenko</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>YES WW II</b>		16. SOCIAL SECURITY NO. <b>WW II</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Paul Hrishenko Pittsburg, Pa.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hemorrhage Thoracic &amp; Peritoneal</b>		DUE TO (b) <b>Rupture of Liver Traumatic Chest injury</b>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <b>Shock Traumatic</b>					
II. OTHER SIGNIFICANT CONDITIONS <b>Multiple fractures, lacerations and contusions</b>		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? <b>E8164 26</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Hiway 66</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Carterville Jasper Missouri</b>	

21d. TIME OF INJURY <b>Nov. 9, 51 8:30</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Auto Accident</b>	
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22. I hereby certify that I attended the deceased from **11-9**, 1951, to **11-10**, 1951, that I last saw the deceased alive on **11-10**, 1951, and that death occurred at **4:55a** m., from the causes and on the date stated above.

23a. SIGNATURE <b>W. W. Forbes D.O.</b>		23b. ADDRESS <b>Carterville, Mo</b>		23c. DATE SIGNED <b>11-12-51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Nov. 11, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>McKees Rock, Pa.</b>		24d. LOCATION (City, town, or county) (State) <b>McKees Rock, Pa.</b>	
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DATE REC'D BY LOCAL REG. <b>Nov 12/51</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Hedge Lewis Webb City, Missouri</b>	
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RECEIVED 11-20-51  
Jaëper County Health Office

County File Number 51/11/854

Date Filed 11-20-51

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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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.