

FILED DEC 21 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41909

State File No. ....

BIRTH NO. .... REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 861

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Independence</u>		c. CITY OR TOWN <u>Sugar Creek</u> <u>0480</u>	
c. LENGTH OF STAY (In this place) <u>2 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>10826 Burton</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Independence Sanitarium</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mike</u> b. (Middle) <u>S</u> c. (Last) <u>Halastik</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 30, 1951</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Standard Oil Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Czechoslovakia</u> <u>6</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Mike Halastik</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Halastik</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Theresa Halastik</u>	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>486 03 1048</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mary Theresa Halastik Sugar Creek, Mo</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic pulmonary fibrosis and chronic pleuritis</u>		
	DUE TO (c) <u>Possible pneumoconiosis</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' <u>5233</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 Pathologist, 19    , that I last saw the deceased alive on     , 19    , and that death occurred at 10:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Lorraine E. Schultz, M.D.</u> (Degree or title)		23b. ADDRESS <u>Independence Sanitarium Hospital</u>		23c. DATE SIGNED <u>12-1-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-5-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Marys Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Independence, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>12-3-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Independence, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0485  
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DEC 17 1952

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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 \_\_\_\_\_

*Warren C. Kraft*

Student Embalmer No. *437*

working under my personal supervision.

Student *Warren C. Kraft*  
Student Embalmer

Signed *Charles E. Schroeder*

Licensed Embalmer No. *4741*

P. O. Address *Independence, 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.