

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28720

FILED SEP 11 1952

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Samaritan Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>1552 So. Odell</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Trust Demetrie</u> b. (Middle) <u>Juvellakis</u> c. (Last) <u>Juvellakis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 31 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 27, 1895</u>	9. AGE (In years last birthday) (Specify) <u>56</u>	10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Operated restaurant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own restaurant</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Samos, Greece</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Demetrie Juvellakis</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Blanche Mallory Juvellakis</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>487-09-0824</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Trust Juvellakis Marshall Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE, OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs. 45</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) <u>Basilar skull fracture</u> DUE TO (c) <u>Auto accident</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>8 hrs. 45</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>061</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>auto</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 63</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Macon Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug. 31 1952 3:45 A.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto Accident</u>
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22. I hereby certify that I attended the deceased from 31 Aug. 1952, to 31 Aug. 1952, that I last saw the deceased alive on 31 Aug. 1952, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edward M. Johnson M.D.</u>	23b. ADDRESS <u>Macon, Mo.</u>	23c. DATE SIGNED <u>9/1/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8/31/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. St. Mary</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9/1/52</u>	REGISTRAR'S SIGNATURE <u>Ruth McNeely</u>	25. FEDERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Albert Skummen Macon</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

001 17 1532

444 P. 100

JUN 3 1954

RECEIVED 9.8.52
MACON COUNTY HEALTH DEPARTMENT
County File No. 9.52.135
Date Filed 9.10.52

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 Thos. L. Bell

Licensed Embalmer No. 4552

P. O. Address Macon, 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.