

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **30817**

BIRTH NO. 007 6 1052 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1025

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>4 1/2 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>0117</u>	
		d. STREET ADDRESS (If rural, give location) <u>525 Virginia</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Mihelic</u> c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 26, 1952</u>
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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>6/29/1884</u>	9. AGE (in years last birthday) <u>68</u>	IF UNDER 1 YEAR <u>2</u> Months <u>28</u> Days	IF UNDER 24 HRS. <u>0</u> Hours <u>0</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer, Pork Casing</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Armour &amp; Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Mugoslavia</u> <u>8</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James Mihelic</u>	13b. MOTHER'S MAIDEN NAME <u>Barbara Polvic</u>	14. NAME OF HUSBAND OR WIFE <u>Katie Mihelic</u> <u>Wife</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>487-09-1891</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Katie Mihelic</u> ADDRESS <u>St. Joseph Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolus</u>		<u>2 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. - DUE TO (b) <u>Auricular Fibrillation</u> DUE TO (c)		<u>3 days</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>4331</u>	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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) m.	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 7-24, 1952, to 9-26, 1952, that I last saw the deceased alive on 9-26, 1952 and that death occurred at 11:00 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. J. H. ...</u> (Degree or title)	23b. ADDRESS <u>Doctor Bldg, City</u>	23c. DATE SIGNED <u>Oct 28-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/29/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph Mo</u>
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DATE REC'D BY LOCAL REG. <u>Oct 1, 1952</u>	REGISTRAR'S SIGNATURE <u>Carl E. ...</u>	2. FUNERAL DIRECTOR'S SIGNATURE <u>John E. ...</u> ADDRESS <u>St. Joseph Mo</u>
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(Licensed Embalmers' Statement on Reverse Side)

5. No. 300  
v. 10.48

0117

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

16  
will call

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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 Alvin C. Bazan

Licensed Embalmer No. 4795

P. O. Address St. Joseph, 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.