

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34011**

**FILED** OCT 7 1952

|  |                               |  |  |   |  |   |  |   |  |
|--|-------------------------------|--|--|---|--|---|--|---|--|
| BIRTH NO. _____  |                               | REG. DIST. NO. <b>360</b>  |  | PRIMARY REG. DIST. NO. <b>3076</b>  |  | Registrar's No. <b>154</b>  |  |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Vernon</b>   |                               |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>   |  |   |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>Nevada</b>  |                               | c. LENGTH OF STAY (In this place)<br><b>15 yrs</b>   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>Nevada</b>   |  | <b>1052</b>   |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Nevada City Hospital</b>   |                               |  |  | d. STREET ADDRESS (If rural, give location)<br><b>126 1/2 North Cedar</b>   |  |   |  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Anthony</b> b. (Middle) <b>Joseph</b> c. (Last) <b>Pokorny</b>  |                               |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Sept 22 1952</b> |   |  |   |  |   |  |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b>                               | 8. DATE OF BIRTH<br><b>June 13 1877</b>                      | 9. AGE (In years last birthday)<br><b>75</b>  | IF UNDER 1 YEAR<br>Months <b>3</b> Days <b>8</b> | IF UNDER 24 HRS.<br>Hours <b>3</b> Min. <b>0</b>                                    |  |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retail druggist</b>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Self employed</b>  |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Racine Wisc</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>US</b>   |  |   |  |
| 13a. FATHER'S NAME<br><b>Wencel Pokorny</b>  |                               |  | 13b. MOTHER'S MAIDEN NAME<br><b>Rose Mancel</b>              |   | 14. NAME OF HUSBAND OR WIFE<br><b>Unknown</b>    |   |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |                               | 16. SOCIAL SECURITY #<br><b>492-28-8269</b>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Merle J Pokorny Nevada Missouri</b>   |  |   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                                      |                               |  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b><br><br>ANTECEDENT CAUSES<br>DUE TO (b) <b>Arteriosclerosis</b><br>DUE TO (c) <b>Uremia, moderate, due to hypertrophy of the prostate.</b><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>Died in sleep 2-3 yrs</b><br><b>2-3 months</b> |  |
| 19a. DATE OF OPERATION<br><b>None</b>  |                               | 19b. MAJOR FINDINGS OF OPERATION<br><b>None</b>  |  |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |   |  |
| 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)<br><b>4201</b>  |  |   |  |   |  |
| 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 <b>Sept. 12, 1952</b> , to <b>Sept. 21, 1952</b> , that I last saw the deceased alive on <b>Sept. 21, 1952</b> , and that death occurred at <b>1:45A m.</b> , from the causes and on the date stated above. |                               |  |  |   |  |   |  |   |  |
| 23a. SIGNATURE (Degree or title)<br><b>[Signature]</b>   |                               |  |  | 23b. ADDRESS<br><b>Moore Building, Nevada, Mo.</b>  |  | 23c. DATE SIGNED<br><b>9/22/52</b>  |  |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Cremation</b>  |                               | 24b. DATE<br><b>9/25/52</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>B W Newcomer's Sons</b>  |  | 24d. LOCATION (City, town, or county) (State)<br><b>Kansas City Missouri</b>        |  |   |  |
| DATE REC'D BY LOCAL REG.<br><b>9-30-52</b>   |                               | REGISTRAR'S SIGNATURE<br><b>Arma E. Ferry</b>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Richmond Funeral Home Nevada Mo</b>  |  |   |  |   |  |

10820

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

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

*Henry F. Meliter*

Licensed Embalmer No. 4805

P. O. Address Nevada, 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.