

FILED DEC 3 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41367

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 364 PRIMARY REG. DIST. NO. 4533 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Warren</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Wright City</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Wright City</u>		1090
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) <u>Frank</u>	a. (First)	b. (Middle) <u>M</u>	c. (Last) <u>Tomek</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 5 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>Aug 16 1875</u>	9. AGE (In years less birthday) <u>77</u>	# UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Cleveland Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S</u>	
13a. FATHER'S NAME <u>Joseph Tomek</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Nanichek</u>		14. NAME OF <del>DECEASED</del> OR WIFE <u>Cloey Tomek</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Frank Tomek Wright City 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal Obstruction</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gastric Carcinoma</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>151X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>  <u>?</u>
19a. DATE OF OPERATION <u>9-22-52</u>	19b. MAJOR FINDINGS OF OPERATION <u>Gastric Carcinoma with extensive metastasis</u>				20. AUTOPSY? 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) <u>Wright City, Warren, Mo.</u>			
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 <u>2-10-</u> , 19 <u>51</u> , to <u>11-5-</u> , 19 <u>52</u> ; that I last saw the deceased alive on <u>11-5-</u> , 19 <u>52</u> and that death occurred at <u>7:00</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>J. P. Beckmeyer D.O.</u>		23b. ADDRESS <u>Wright City, Mo</u>		23c. DATE SIGNED <u>11-8-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 8 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wright City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wright City MO</u>		
DATE REC'D BY LOCAL REG. <u>Nov 22-1952</u>	REGISTRAR'S SIGNATURE <u>Mrs F. W. Hughes</u>		335	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Nieburg Furn &amp; Und Co Wright City Mo</u>	

1090  
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, ~~at~~.....

working under my personal supervision.

Student Embalmer No.....

Signed Julius J. Hilburg.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 3366.....

P. O. Address Wright City 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.