

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

FILED FEB 18 1953

BIRTH NO. _____ REG. DIST. NO. **175** PRIMARY REG. DIST. NO. **4277** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY LAWRENCE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY LAWRENCE	
b. CITY OR TOWN VERONA		c. CITY OR TOWN VERONA MO	
c. LENGTH OF STAY (in this place) Year		d. STREET ADDRESS Gen. Del.	
d. FULL NAME OF HOSPITAL OR INSTITUTION City of Verona			

3. NAME OF DECEASED (Type or Print) ANTON J. SMRCKA			4. DATE OF DEATH FEB-1-1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Jan 25-1874	9. AGE (In years last birthday) 79	10. MONTHS 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) CZECHOSLOVAKIA		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOE SMRCKA		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE SOPHIA SMRCKA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Mrs. Sophia Smrcka ADDRESS VERONA	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sepsia		DUE TO (b) Bronchopneumonia			2 days	
DUE TO (c) Acute influenza					3 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		D 480X				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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)		
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 **Jan 29, 1953**, to **Feb 1, 1953**, that I last saw the deceased alive on **Feb 1, 1953**, and that death occurred at **5 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE F. Avery Watson D.O. (Degree or title)		23b. ADDRESS Verona, Mo		23c. DATE SIGNED Feb 3 '53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2/3/53		24c. NAME OF CEMETERY OR CREMATORY SALFERT HEART	
24d. LOCATION (City, town, or county) (State) VERONA, MO		25. FUNERAL DIRECTOR'S SIGNATURE Oscar L. Marsh		ADDRESS Verona, Mo	
DATE REC'D BY LOCAL REG. Feb 4, 1953		REGISTRAR'S SIGNATURE Ora Mc Natt 157		0	

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

550

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

Gene Harrent

Licensed Embalmer No. 4809

P. O. Address Aurora, 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.