

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9577**

FILED MAR 18 1953

BIRTH NO. _____ REG. DIST. NO. **134** PRIMARY REG. DIST. NO. **5494** Registrar's No. **5**

1. PLACE OF DEATH a. COUNTY Harrison			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Harrison		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Madison		c. LENGTH OF STAY (In this place) All life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Madison 0410		
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) 3 1/2 miles N. W. of Cainsville, Mo.		

3. NAME OF DECEASED (Type or Print) a. (First) Anna		b. (Middle) Stazia		c. (Last) Tomes		4. DATE OF DEATH (Month) (Day) (Year) February 23 1953			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH January 15 1877		9. AGE (In years last birthday) 76 # UNDER 1 YEAR Months Days # UNDER 1 MIN. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mememaker				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Harrison Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME Wenzel Stoklasa		13b. MOTHER'S MAIDEN NAME Annie Busheck		14. NAME OF HUSBAND OR WIFE Martin F. Tomes	
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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 Martin F. Tomes		ADDRESS Cainsville, Mo.	
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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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIO-VASCULAR-RENAL GENERATOR - WITH HYPERTENSION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Cerebral Thrombosis 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. HEMIC EPISEDE				INTERVAL BETWEEN ONSET AND DEATH 20 days 3 days	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 342x				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)		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 **FEB 21, 1953**, to _____, 19____, that I last saw the deceased alive on **FEB 22, 1953** and that death occurred at **10:45 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE M. D. Bristol		(Degree or title)		23b. ADDRESS Princeton, Missouri		23c. DATE SIGNED 2/25/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 26, 1953		24c. NAME OF CEMETERY OR CREMATORY Bohemian Cemetery		24d. LOCATION (City, town, or county) (State) Ridgeway, Mo.	
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DATE REC'D BY LOCAL REG. 3-11-1953		REGISTRAR'S SIGNATURE S. O. Shaw		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Cainsville, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

0410

STATEMENT BY LICENSED EMBALMER

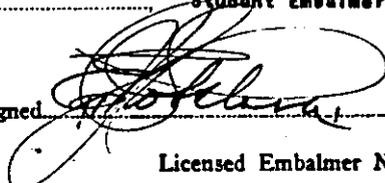
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Eddie J. Stoklasa

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed  _____

Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.