FILED SEP 30 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30912

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 299

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
c. LENGTH OF STAY (in this place): 19 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Laughlin Hosp. and Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Adair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
d. STREET ADDRESS (If rural, give location): 518-W-Mary Street

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3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle):
c. (Last): Mihalevich

4. DATE OF DEATH (Month) (Day) (Year): Sept. 25, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: January 30, 1874
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: ----------
11. BIRTHPLACE (State or foreign country): Fuzine, Jugoslavia
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Anton Bubany
13b. MOTHER'S MAIDEN NAME: Karolina Kauzlaric
14. NAME OF HUSBAND OR WIFE: Riko Mihalovich

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: Joe Mihalovich, Kirksville, Mo.

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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Hypertensive Vascular Disease with auricular fibrillation and cerebral accident	Unknown
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		9-20-53
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Fracture of right femur	9-6-53

19a. DATE OF OPERATION: 9-7-53
19b. MAJOR FINDINGS OF OPERATION: Stabilization Fracture neck of right femur
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20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kirksville, Missouri Adair
12 7

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9 6 53 Am.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell out of bed.

22. *I hereby certify that I attended the deceased from* 9-6-53, 19__, *to* 9-25, 1953, *that I last saw the deceased alive on* 9-24, 1953, *and that death occurred at* 2:55A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl Laughlin Jr. D. O.
23b. ADDRESS: Kirksville, Missouri
23c. DATE SIGNED: 9-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-28-53
24c. NAME OF CEMETERY OR CREMATORY: Highland Park Cemetery
24d. LOCATION (City, town, or county) (State): Kirksville, Mo.

DATE REC'D BY LOCAL REG.: 9-28-53
REGISTRAR'S SIGNATURE: Kate Lambert
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25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Robert B. Davis, Kirksville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Robert B. Davies

Licensed Embalmer No. 4219

P. O. Address Kirksville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.