

FILED SEP 22 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32771

State File No.

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>3059</u>		Registrar's No. <u>314</u>				
1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u>						
b. CITY OR TOWN <u>BONNE TERRE</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>BONNE TERRE</u>		09.40				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>32 SUMMIT ST.</u>				d. STREET ADDRESS (If rural, give location) <u>32 SUMMIT ST.</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u>			b. (Middle)			c. (Last) <u>DUROVCIK</u>				
4. DATE OF DEATH <u>SEPT. 1, 1953</u>			5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>			
8. DATE OF BIRTH <u>FEB. 28, 1898</u>			9. AGE (in years last birthday) <u>55</u>		10. MONTHS <u>6</u>		11. DAYS <u>3</u>			
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>			11. BIRTHPLACE (City and State or Foreign Country) <u>ROMAN COLO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>MICHAEL DZUROCIN</u>			13b. MOTHER'S MAIDEN NAME <u>ANNA HALBOKY</u>			14. NAME OF HUSBAND OR WIFE <u>JOHN DUROVCIK</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>NONE</u>			17. INFORMANT'S SIGNATURE OR NAME <u>JOHN DUROVCIK</u>			ADDRESS <u>BONNE TERRE 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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adeno-carcinoma of Breast</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Dec 1947</u> <u>Sept 1953</u>	
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION <u>12-29-47</u>			19b. MAJOR FINDINGS OF OPERATION <u>Adeno-c of Breast</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/>			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) <u>170X</u>			(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 <u>Nov. 21, 1945</u> ; to <u>Aug 17, 1953</u> ; that I last saw the deceased alive on <u>Aug 7, 1953</u> , and that death occurred at <u>6195A Mo.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>[Signature]</u>			(Degree or title) <u>MD</u>			23b. ADDRESS <u>Beaumont Medical Bldg. St. Louis Mo.</u>			23c. DATE SIGNED <u>Sept 14, 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>			24b. DATE <u>SEPT. 4, 1953</u>			24c. NAME OF CEMETERY OR CREMATORY <u>BONNE TERRE</u>			24d. LOCATION (City, town, or county) (State) <u>BONNE TERRE Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 14, 1953</u>			REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. GENERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>			ADDRESS <u>Bonne Terre Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

C. J. Claywell

Licensed Embalmer No. *3106*

P. O. Address

Boone, Iowa

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.