

FILED NOV 27 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39665

BIRTH NO. _____		REG. DIST. NO. 182		PRIMARY REG. DIST. NO. 5679		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Linn				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Linn					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Boston, Baker Twp.		c. LENGTH OF STAY (In this place) 62 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Boston, (Rural) Baker Twp. 05-80 0					
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) South West of New Boston					
3. NAME OF DECEASED (Type or Print) John			a. (First)		b. (Middle) Nowak		c. (Last)		
4. DATE OF DEATH		(Month) Nov.		(Day) 17,		(Year) 1953			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 19, 1891			
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR 3 Months		IF UNDER 1 YEAR 20 Days		IF UNDER 4 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY own farm			11. BIRTHPLACE (City and State or Foreign Country) New Boston, Mo.			
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Martin Nowak		13b. MOTHER'S MAIDEN NAME Katherine Lauterbeck		14. NAME OF HUSBAND OR WIFE Lena Nowak		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lena Nowak, New Boston, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 1 hr	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201						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 Nov 17, 1953, to Nov 17, 1953, that I last saw the deceased alive on Nov 17, 1953, and that death occurred at 4:00 p.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) R. A. Vinchesse D.O.				23b. ADDRESS 2 Bucklin Mo.		23c. DATE SIGNED 11-18-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 20, 1953		24c. NAME OF CEMETERY OR CREMATORY New Boston Cemetery		24d. LOCATION (City, town, or county) (State) New Boston, Missouri			
DATE RECD BY LOCAL REG. 11/20/1953		REGISTRAR'S SIGNATURE Mrs. Budie Kelley		165- FUNERAL DIRECTOR'S SIGNATURE By - E. J. Larson		ADDRESS Larson Funeral Service, Bucklin, Mo.			

(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 E. A. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin, Missouri

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.