

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1076

State File No.

FILED FEB 17 1954 BIRTH NO. ... REG. DIST. NO. 134 PRIMARY REG. DIST. NO. 5494 Registrar's No. 1

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Madison 0410	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 miles S. W. of Cainsville		d. STREET ADDRESS (If rural, give location) 3 Mi. S. W. of Cainsville	
3. NAME OF DECEASED a. (First) Edward		b. (Middle) Ernest	
		c. (Last) Sobotka	
4. DATE OF DEATH January 16 1954		5. SEX Male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <input checked="" type="checkbox"/> MARRIED	
8. DATE OF BIRTH August 5, 1900		9. AGE (In years last birthday) 53	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General Farm	
11. BIRTHPLACE (City and State or Foreign Country) Harrison Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Charles Sobotka		13b. MOTHER'S MAIDEN NAME Anna Rouse	
14. NAME OF HUSBAND OR WIFE Belva Sobotka		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 Belva Sobotka, Cainsville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 2 months 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. Vague stomach distress + ill defined - not malignant. 5 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (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 Aug 10 1945, to Jan 16, 1954, that I last saw the deceased alive on Jan 14, 1954, and that death occurred at 8:20 P. M., from the causes and on the date stated above.			
23a. SIGNATURE Alfred C. Taff D. O.		23b. ADDRESS Cainsville, Mo.	
23c. DATE SIGNED 1/19/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 19, 1954	
24c. NAME OF CEMETERY OR CREMATORY Bohemian Cemetery		24d. LOCATION (City, town, or county) (State) RFD Ridgeway, Mo.	
DATE REC'D BY LOCAL REG. Feb 6 - 54		REGISTRAR'S SIGNATURE S. Ph. Shaw 117	
25. GENERAL DIRECTOR'S SIGNATURE		ADDRESS Cainsville, Mo.	

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

MAR 25 1957

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, gt/ly/

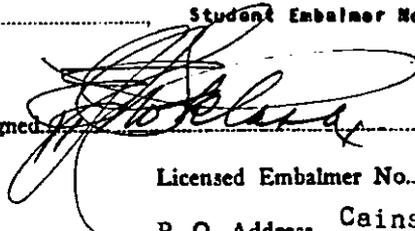
Eddie J. Stoklasa

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.