

FILED JUN 21 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19414

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3029 Registrar's No. 54

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

1. PLACE OF DEATH a. COUNTY <u>Jeff.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jeff.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Crystal City</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Crystal City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>0506</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>H.</u> c. (Last) <u>Kollarik</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 7, 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Jan. 1, 1888</u>		9. AGE (In years last birthday) <u>66</u> IF UNDER 1 YEAR Months <u>5</u> Days <u>16</u> IF UNDER 2 HRS. Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Retired Glass Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>P.P.G. Co</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Austria - Hungary</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Smutzer Kollarik</u> ADDRESS <u>Crystal City, Mo.</u>	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause - Liver</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unk</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hephtitis Chron</u>		<u>unk</u>
	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	19b. MAJOR FINDINGS OF OPERATION <u>1561</u>	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)
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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?
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22. I hereby certify that I attended the deceased from March 16, 1954 to June 7, 1954, that I last saw the deceased alive on April 10, 1954, and that death occurred at 1 A. m, from the causes and on the date stated above.

23a. SIGNATURE <u>Nancy Gossett M.D.</u> (Degree or title)	23b. ADDRESS <u>Festus Mo</u>	23c. DATE SIGNED <u>June 9-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-10-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Catholic</u>	24d. LOCATION (City, town, or county) (State) <u>Crystal City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6/9/54</u>	REGISTRAR'S SIGNATURE <u>John N. Stoll</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Reuben R. Talitta</u> ADDRESS <u>Crystal City, Mo.</u>
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**JEFFERSON COUNTY HEALTH DEPT.**  
**HILLSBORO, MISSOURI**

**DATE RECEIVED**

**JUN 15 1954**

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**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.....  
Signature of Student Embalmer

Signed *Anthony R. Palitte*.....

Licensed Embalmer No... *348*

P. O. Address *Crystal Cit*.....

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.**