

FILED OCT 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33193

State File No. _____

43

5142

516

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|---|--|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY Butler | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neelyville Neely Twp | | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Neelyville | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Star Route | | | | d. STREET ADDRESS (If rural, give location) Neelyville Star Route | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Frank | | b. (Middle) | | c. (Last) Kovach | |
| 4. DATE OF DEATH | | (Month) 10 | | (Day) 9 | | (Year) 54 | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH March 3, 1875 | |
| 9. AGE (In years last birthday) 79 | | IF UNDER 1 YEAR Months | | IF UNDER 1 YEAR Days | | IF UNDER 24 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Yugoslavia | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | | 13a. FATHER'S NAME John Kovach | | 13b. MOTHER'S MAIDEN NAME Unknown | |
| 14. NAME OF HUSBAND OR WIFE Lucille Kovach | | | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT'S SIGNATURE OR NAME Ludwig Kovach, Harviell, Mo. | | | | 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH about 3 weeks | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema | | | | ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) Atherosclerotic Heart Disease | | Unknown | |
| DUE TO (c) Advancing Age | | | | 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 | | | | 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 Sept. 22, 1954 to Oct. 9, 1954 , that I last saw the deceased alive on Sept. 22, 1954 , and that death occurred at 11: A. m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE J. L. Smith (Degree or title) | | | | 23b. ADDRESS Box 328, Neelyville Mo | | 23c. DATE SIGNED 10-13-54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 10-12-54 | | 24c. NAME OF CEMETERY OR CREMATORY Catholic | | 24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo. | |
| DATE REC'D BY LOCAL REG. 10/15/54 | | REGISTRAR'S SIGNATURE W. H. Murrell | | 25. FUNERAL DIRECTOR'S SIGNATURE Greer Croy & Fitch | | ADDRESS Poplar Bluff | |

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

RECEIVED
OCT 10 1954
BUTLER CO. HEALTH CENTER
FILE No. _____

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 10-9-

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Phil A. Lencel

Licensed Embalmer No. 2936

P. O. Address

Poplar Bluff

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.