

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16290

State File No.

FILED MAY 18 1955

BIRTH NO.		REG. DIST. NO. <u>293</u>		PRIMARY REG. DIST. NO. <u>6004</u> Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Ralls</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ilasco</u>		c. LENGTH OF STAY (In this place) <u>46 yrs.</u>	c. CITY OR TOWN <u>Ilasco</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>2870</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Chmelko</u> c. (Last) <u>Chmelko</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb-9-1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 11, 1870</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Operating dept.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cement</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Czechoslovakia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA ??</u>
13a. FATHER'S NAME <u>George Chmelko</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Klincuk</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Luter Chmelko</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mary Chmelko, Ilasco, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Found dead without medical attention.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Death probably due to Heart Failure.</u> DUE TO (c) <u>Death probably due to Heart Failure.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION. <u>7824</u>		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)	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>no medical attention</u> , 19 <u>55</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Oliver W. Wilkey, Coroner</u>		23b. ADDRESS <u>Gen. Inv. P. Co.</u>		23c. DATE SIGNED <u>2/10/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY <u>Grand View Burial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Hannibal, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Feb-19-1955</u>	REGISTRAR'S SIGNATURE <u>Gene Corn</u> <u>4704</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jack Schwarz, Hannibal, Mo.</u>		

0.300
0.48
0870
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

14-55
27-10-57

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 *Jack Selowitz*.....
Licensed Embalmer No. *490*.....
P. O. Address *Herrin*.....

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.