

FILED JUL 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18167**

BIRTH NO. _____ REG. DIST. NO. **101** PRIMARY REG. DIST. NO. **5415** Registrar's No. **31**

1. PLACE OF DEATH a. COUNTY Douglas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Douglas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wood Township		c. LENGTH OF STAY (in this place) 44 years	c. CITY OR TOWN Mtn. Grove R. H 2
d. FULL NAME OF HOSPITAL OR INSTITUTION his home		e. STREET ADDRESS (If rural, give location) 0340	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Joseph	b. (Middle)	c. (Last) LISKA	(Month) June	(Day) 27	(Year) 1955

5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Feb. 22, 1886	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 4 Days 3	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Bohemil Liska	13b. MOTHER'S MAIDEN NAME Anna Duckin Liska	14. NAME OF HUSBAND OR WIFE -
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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. NO.	17. INFORMANT'S SIGNATURE OR NAME George Liska	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 day
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary Failure		
	ANTECEDENT CAUSES DUE TO (b) Cerebral Apoplexy DUE TO (c) Arteriosclerosis		
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"/>
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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 **June 23, 1955**, to **June 27, 1955**, that I last saw the deceased alive on **June 27, 1955**, and that death occurred at **9:35 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Richard G. Mitchell D.O.	23b. ADDRESS Mtn. Grove, Mo.	23c. DATE SIGNED 7-2-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 29, 1955	24c. NAME OF CEMETERY OR CREMATORY Love Star cemetery	24d. LOCATION (City, town, or county) (State) Wright, County
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DATE REC'D BY LOCAL REG. July 9-55	REGISTRAR'S SIGNATURE Uestel Bushman	25. FUNERAL DIRECTOR'S SIGNATURE George Staff	ADDRESS Mtn. Grove, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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 *George Stapp*.....

Licensed Embalmer No. *316*.....

P. O. Address *Mt. S...*.....

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.