

FILED AUG 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25195**

4001
3000

Registrar's No. **231**

BIRTH NO. _____		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. 231	
1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Adair			
b. CITY OR TOWN Novinger		c. LENGTH OF STAY (in this place) 52 yrs		c. CITY OR TOWN Novinger		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) 0010			
3. NAME OF DECEASED (Type or Print) a. (First) Louis			b. (Middle) _____			c. (Last) Povlovich	
4. DATE OF DEATH (Month) (Day) (Year) 8-14-1955		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 12-24-1878		9. AGE (In years last birthday) 76		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY Coal	
11. BIRTHPLACE (City and State or Foreign Country) Mitte, Bohemia		12. CITIZEN OF WHAT COUNTRY? US		13a. FATHER'S NAME James Povlovich		13b. MOTHER'S MAIDEN NAME Josephine (DK)	
14. NAME OF HUSBAND OR WIFE Mary Blacksmith Povlovich		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UK		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary B. Povlovich, Novinger	
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion				INTERVAL BETWEEN ONSET AND DEATH 8-12-55	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) _____ DUE TO (c) _____	
19a. DATE OF OPERATION None		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) Novinger, Missouri		21f. HOW DID INJURY OCCUR? 4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from Jan 18 54 to Aug 14, 1955 that I last saw the deceased alive on Aug 13, 1955 , and that death occurred at 5:20 p.m. from the causes and on the date stated above.			
23a. SIGNATURE H. H. Garrison		23b. ADDRESS Novinger, Missouri		23c. DATE SIGNED 8-16-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-16-55		24c. NAME OF CEMETERY OR CREMATORY Novinger Cemetery		24d. LOCATION (City, town, of county) (State) Novinger, Missouri	
DATE REC'D BY LOCAL REG. 8-19-55		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE Davis & High, Kirksville, Mo			

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

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 *Donald S. Vega*.....

Licensed Embalmer No. *42*.....

P. O. Address *Berkeley*.....

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.