

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 6 - 1955

State File No. 30425

BIRTH NO. _____ REG.-DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 137

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Mo</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u>		c. CITY OR TOWN <u>Hickory</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Waynesville Memorial Hospital</u>		STREET ADDRESS (If rural, give location) <u>3 mi SE of Hickory Mo</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>-</u> c. (Last) <u>Czebely</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 27 1955</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>13, 1908</u>
9. AGE (In years) (If UNDER 1 YEAR last birthday) (Months) (Days) (Hours) (Min.) <u>47</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joe Czebely</u>		13b. MOTHER'S MAIDEN NAME <u>Not known</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bill Czebely</u> ADDRESS <u>Hickory 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>Cardiac + pulmonary arrest</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary occlusion</u> DUE TO (c) <u>Coronary thrombosis.</u> 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"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
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) (Min.)	
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>Sept 27, 1955</u> , to <u>Sept 27, 1955</u> ; that I last saw the deceased alive on <u>12:30 pm, 1955</u> , and that death occurred at <u>3:00 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>B.J. Myers D.O.</u>		23b. ADDRESS <u>Hickory - Mo</u>	
23c. DATE SIGNED <u>9-30-55</u>		24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Sept 30-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Patterson Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE (Address) <u>Paula Ann Anderson Smith & Ferguson Hickory Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-30-55</u>		REGISTRAR'S SIGNATURE <u>Paula Ann Anderson Smith</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

RECEIVED 9-30-55
Pulaski County Health Officer
File Number 10-1-55
Date Filed

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 *Embert E. Ferguson*

Licensed Embalmer No. *394*

P. O. Address *Licking*

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.