

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30458**

FILED SEP 19 1955

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		Registrar's No. 221			
1. PLACE OF DEATH a. COUNTY Camden				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Ohio				b. COUNTY Cuyahoga	
b. CITY (If outside corporate limits, write RURAL and give township) Moberly		c. LENGTH OF STAY (in this place) 2 1/2 hours		c. CITY OR TOWN Cleveland		d. Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Woodland Hospital				e. STREET ADDRESS (If rural, give location) 1162 East 61st Street					
3. NAME OF DECEASED (Type or Print) a. (First) JULIANA			c. (Last) TUSEK			4. DATE OF DEATH (Month) (Day) (Year) Sept-9-1955			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Dec-31-1951		9. AGE (In years last birthday) 3	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Cleveland Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Frank Tusek		13b. MOTHER'S MAIDEN NAME Anna Papesh		14. NAME OF HUSBAND OR WIFE None					
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. None		17. INFORMANT'S SIGNATURE OR NAME Frank Tusek		ADDRESS Cleveland Ohio			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral traumatic pneumothorax ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) car accident DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS probable Basilar Skull Fracture 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				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) 069 (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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:55 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Israel M. Hoxworth M.D.				23b. ADDRESS Moberly, Mo.		23c. DATE SIGNED Sept. 9, 1955			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Sept-9-55	24c. NAME OF CEMETERY OR CREMATORY L		24d. LOCATION (City, town, or county) (State) Cleveland Ohio				
DATE REC'D BY LOCAL REG. Sept 9-55		REGISTRAR'S SIGNATURE Leah Loue 269		25. FUNERAL DIRECTOR'S SIGNATURE Cater Funeral Home		ADDRESS Moberly MO.			

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

SEP 29 1954

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.....
R. M. Carter

Licensed Embalmer No. *411*
P. O. Address *Moberly*.....

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.