

FILED FEB 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1914

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 112

1. PLACE OF DEATH a. COUNTY <u>L INN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>LINN</u>	
b. CITY (If outside corporate limits write RURAL and give town) <u>305 EAST WELLS</u>		c. CITY OR TOWN <u>MARCELINE</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>305 EAST WELLS</u>		e. STREET ADDRESS (If rural, give location) <u>305 EAST WELLS</u> <u>0581</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>VLADIMER L.</u>	b. (Middle)	c. (Last) <u>MATAYA</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 31, 56</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>CAUCA.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY 11-1899</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>20</u>	IF UNDER 12 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GAS SERVICE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>RETAIL GASOLINE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>YUGOSLAVIA</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>STEVE MATAYA</u>	13b. MOTHER'S MAIDEN NAME <u>MARY POVLIICH</u>	14. NAME OF HUSBAND OR WIFE <u>MARY MATAYA</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MARY MATAYA</u> ADDRESS <u>MARCELINE, MO</u>
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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 <u>sudden</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac posterior infarction</u> DUE TO (c) _____		
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 type="checkbox"/> <u>4201</u>
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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) m.	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 Oct. 19 50, to Jan. 31, 19 56 that I last saw the deceased alive on Jan. 31, 19 56, and that death occurred at 3:25 PM from the causes and on the date stated above.

23a. SIGNATURE <u>John Otis Carr</u> (Degree or title)	23b. ADDRESS <u>124 W. Ritchie Marceline, Mo 2/1/56</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>FEB 7, 56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul</u>	24d. LOCATION (City, town, or county) (State) <u>Marceline Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-31-56</u>	REGISTRAR'S SIGNATURE <u>Margaret Ridgway</u>	401-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>St. Paul</u> ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 6 1958

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 D. Vroman*.....

Licensed Embalmer No. *441*.....

P. O. Address *San Antonio*.....

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.