

FILED MAR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4122

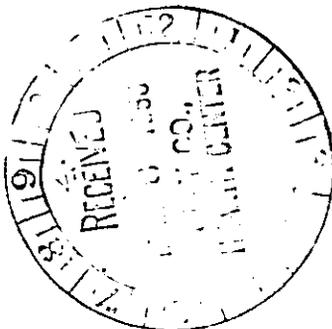
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>71</u>		PRIMARY REG. DIST. NO. <u>3012</u> Registrar's No. <u>21</u>	
1. PLACE OF DEATH a. COUNTY <u>Clay</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>North Dakota</u> b. COUNTY <u>Walsh</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Excelsior Springs</u>		c. LENGTH OF STAY (in this place) <u>5 days</u>	c. CITY OR TOWN <u>Grafton</u>	d. 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 <u>Ball Clinic Inc.</u>			STREET ADDRESS (If rural, give location) <u>304 Burgamott</u> <u>83308</u>		
3. NAME OF DECEASED (Type or Print) <u>LILLIAN</u>		a. (First)	b. (Middle)	c. (Last) <u>KOSMATKA</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 21, 1956</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 21, 1897</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XXXX</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Leo, Minn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>
13a. FATHER'S NAME <u>Simon Langowski</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Sylvester Kosmatka</u>	
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 ADDRESS <u>Sylvester Kosmatka, Grafton, N.D.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolism</u>			ANTECEDENT CAUSES		<u>30 Minutes</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			DUE TO (b) <u>wall-adherent thrombus in heart</u>		<u>2 weeks</u>
DUE TO (c) <u>Arteriosclerosis</u>			II. OTHER SIGNIFICANT CONDITIONS <u>Acute Pulmonary Edema of cardiac origin & riding embolus on bifurcation of</u>		<u>5 years</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>abdominal aorta with thrombosis of both iliac arteries into femoralis arteries.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>332x</u>		
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?		
22. I hereby certify that I attended the deceased from <u>2-19-</u> , 19 <u>56</u> , to <u>2-21-</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2-20-56</u> , 19 <u>56</u> , and that death occurred at <u>3 A.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Kurt K. Parrhysius, M.D.</u> (Date or title) <u>M.D.</u>			23b. ADDRESS <u>210 E Broadway Excelsior Springs, Mo.</u>		23c. DATE SIGNED <u>2-21-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Feb. 21/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Johns Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Grafton, North Dakota</u>		
DATE REC'D BY LOCAL REG. <u>3/1/56</u>	REGISTRAR'S SIGNATURE <u>Carolene Hutchings</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hope Funeral Home</u>		ADDRESS <u>Ex. Spgs. MO.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48



MAY 16 1956

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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, ~~only~~, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *James A. Moles*

Licensed Embalmer No. 3296..

P. O. Address Excelsior 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.