

FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10103**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francis</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Rolla</b>	c. LENGTH OF STAY (In this place) <b>3 Weeks</b>	c. CITY OR TOWN <b>Rural</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>McFarland Nursing Home</b>		STREET ADDRESS (If rural, give location) <b>Farmington, Route 2, Perry Township</b>	

3. NAME OF DECEASED a. (First) <b>WILLIAM</b> b. (Middle) <b>.</b> c. (Last) <b>SOSIAK</b>			4. DATE OF DEATH <b>Mar. 13, 1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, <input checked="" type="checkbox"/> DIVORCED (Specify) <b>Anna Sosiak</b>	8. DATE OF BIRTH <b>May 1, 1879</b>		9. AGE (In years last birthday) <b>76</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Austria</b>		12. CITIZEN OF WHAT COUNTRY? <b>?</b>

13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Anna Sosiak</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) <b>XX</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Anna Sosiak, Rt. 2 Farmington Mo.,</b> ADDRESS	

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) <b>Cerebral Thrombosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Arterio-sclerosis far advanced</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)			

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) (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 1-5, 1956, to 3/13, 1956, that I last saw the deceased alive on 3-8, 1956, and that death occurred at 12:15 Pm., from the causes and on the date stated above.

23a. SIGNATURE <b>Anna M. Myers M.D.</b>		23b. ADDRESS <b>Rolla, Mo.</b>		23c. DATE SIGNED <b>3/16/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Mar 17, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Flat River Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Flat River, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Null &amp; Sons Funeral Home, Rolla Mo.</b>			

DATE RECD BY LOCAL REG. <b>Mar 16, 1956</b>		REGISTRAR'S SIGNATURE <b>Nadine L. Stool</b>		By <b>Paul E. Null</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Phelps County Health Officer,

County File Number 357

Date Filed MAR 21 1958

MAR 16 1959

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..... *Paul E. N...*

Licensed Embalmer No... *44*

P. O. Address... *Rolla*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.