

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14413

FILED APR 19 1956

State File No.

3.000
0.48

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>6069</u>		Registrar's No. <u>135</u>							
1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE <u>Missouri</u> c. COUNTY <u>St. Francois</u>									
b. CITY OR TOWN <u>Rural, Iron Township</u>		c. LENGTH OF STAY (in this place) <u>54 yrs</u>		c. CITY OR TOWN <u>Rural</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>P.O.</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 miles east of Pilot Knob</u>				e. STREET ADDRESS (If rural, give location) <u>5 mi. east of Pilot Knob</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u>			b. (Middle)		c. (Last) <u>KERTESZ</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 7 1956</u>						
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Apr. 11 1868</u>		9. AGE (In years last birthday) <u>87</u>		10. UNDER 1 YEAR Months <u>11</u> Days <u>26</u>		11. UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Hungary</u>		12. CITIZEN OF WHAT COUNTRY? <u>Hungary</u>			
13a. FATHER'S NAME <u>Unknown</u>				13b. MOTHER'S MAIDEN NAME <u>unknown</u>				14. NAME OF HUSBAND OR WIFE <u>John Kertesz</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (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>John Kertesz, Ironton Mo. Rt. 1</u>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>MEDICAL CERTIFICATION</u>										INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</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.													
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</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 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) (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>2-18, 1920</u> , to <u>4-7, 1956</u> , that I last saw the deceased alive on <u>4-7, 1956</u> , and that death occurred at <u>7.50A m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>M.D. Jordon M.D.</u>						23b. ADDRESS <u>Jordan M.D.</u>			23c. DATE SIGNED <u>4-9-56</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>4-9-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pilot Knob Catholic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pilot Knob Mo.</u>							
DATE REC'D BY LOCAL REG. <u>Apr 9 1956</u>		REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home, Ironton Mo.</u>							

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

Arual J. White

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 *Annal J. White*.....

Licensed Embalmer No. *301*.....

P. O. Address *Inaction*.....

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.