

FILED JUN 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20824

State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 276

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence, Mo

c. CITY OR TOWN Independence d. Is Residence within limits of a city or incorporated town? Yes No

c. LENGTH OF STAY (In this place) 5 Months

e. STREET ADDRESS (If rural, give location) 9611 E. 29th St. Terr. 70050

3. NAME OF DECEASED
a. (First) MATHIAS (Michael &) b. (Middle) Matthew c. (Last) Kovarik

4. DATE OF DEATH June 17, 1956

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH May 30, 1876

9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months 0 Days 18 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith retired

10b. KIND OF BUSINESS OR INDUSTRY Crane Co. Chicago, Ill.

11. BIRTHPLACE (City and State or Foreign Country) 1. Czechoslovakia

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Frances Kovarik

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. 321 05 2716

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Anna Brouk, Independence, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis INTERVAL BETWEEN ONSET AND DEATH 24 hr
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary sclerosis
DUE TO (c) General arteriosclerosis
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 NO 4201

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) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 6-16-, 1956 to 6-17-, 1956 that I last saw the deceased alive on 6-16-, 1956 and that death occurred at 12:30 AM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. Allen M.D.

23b. ADDRESS Independence Mo 6-17-56

23c. DATE SIGNED _____

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 6/18/56

24c. NAME OF CEMETERY OR CREMATORY Bohemian National Cemetery

24d. LOCATION (City, town, or county) (State) Chicago, Illinois.

DATE REC'D BY LOCAL REG. 6-18-56

REGISTRAR'S SIGNATURE James Rae

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bob. Carson Indep. Mo.

(Licensed Embalmers' Statement on Reverse Side)

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

300
48

34
0

JUN 29 1958

JUN 30 1958

LOP

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 *Harold E. Neader*

Licensed Embalmer No. 469

P. O. Address *hly 17*

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.