

FILED MAR 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4193

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5387 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Dent				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent					
b. CITY (If outside corporate limits, write RURAL and give town) Rural-Springcreek Tsp		c. LENGTH OF STAY (in this place) 0330		c. CITY OR TOWN		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 Hwy 19 No. of Salem, Mo.				e. STREET ADDRESS (If rural, give location) P.O. Doss, Missouri					
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) WILLIAM c. (Last) STLUKA			4. DATE OF DEATH (Month) (Day) (Year) Feb. 23 1957						
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sep 15 1902		9. AGE (In years last birthday) 54 IF UNDER 1 YEAR: Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (City and State or Foreign Country) Montezuma, Indiana		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME William Stluka			13b. MOTHER'S MAIDEN NAME Bertha Machledt		14. NAME OF HUSBAND OR WIFE Virgie Rickner Stluka				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 489-42-7713		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Kenneth Stluka Wildwood, Ill.					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull Fracture, crushed R. hip and leg. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Instant	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT XX SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hwy 19, No. of Salem		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 033 (STATE) 2 Salem Dent Mo.					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb. 23, 1957 3:30		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Struck by Automobile, while riding motorcycle.					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:30P m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Nashville B. Powell, D.C. Coroner				23b. ADDRESS Salem, Mo.		23c. DATE SIGNED 2-26-57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 27 1957		24c. NAME OF CEMETERY OR CREMATORY Cedar Grove Cem.		24d. LOCATION (City, town, or county) (State) Salem Missouri			
DATE REC'D BY LOCAL REG. 2/27/57		REGISTRAR'S SIGNATURE M M Hart m.d. ex. pm		25. FUNERAL DIRECTOR'S SIGNATURE Max L. Warfel		ADDRESS Salem, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 6 1 40N

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 Max L. Crawford

Licensed Embalmer No. 417

P. O. Address Salem, Va.

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.