Health, & Welfare Public h Service

S. 300 3
v. 1-56

FILED APR 12 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

9001
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 145

1. PLACE OF DEATH a. COUNTY Jackson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Morgan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Versailles 0710 0 — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA Indep. Sanit. — Length of stay in 1b None	d. STREET ADDRESS Rt. #1 (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)	First LADA	Middle O.	Last PALECEK	4. DATE OF DEATH Month Day Year April 2, 1957
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH April 22, 1906	9. AGE (In years last birthday) 50 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. 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 Self-Employed	11. BIRTHPLACE (City and state or country) Sany, Checz. 6	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Louis Palecek		14. MOTHER'S MAIDEN NAME Aloyse Korando		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) none	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address Lada O. Palecek, Versailles, Mo.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock + Hemorrhage resulting from multiple rib fractures, Lacerations of Lungs and liver, and Subdural Hemorrhage

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐ 1

20a. ACCIDENT ☒ SUICIDE ☒ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Two car collision
20c. TIME OF INJURY 9:15 Hour ~~a. m.~~ p. m. Month, Day, Year 4-2-57	
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Highway
20f. CITY, TOWN, OR LOCATION 700 COUNTY Jackson STATE Mo	

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 9:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Geo C Kecal Jr Coal Deputy Coroner 3	22b. ADDRESS 6627 Prospect Sens	22c. DATE SIGNED 4-3-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Apr. 3, 1957	23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State) Versailles, Missouri		
24. FUNERAL DIRECTOR ADDRESS George C. Carson, Independence, Mo.	25. DATE RECD. BY LOCAL REG. 4-3-57	26. REGISTRAR'S SIGNATURE James [illegible]

(Licensed Embalmer's Statement on Reverse Side)

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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VS JUL 28 1959

APR 18 1957

JUN 4 1957

RECEIVED
APR 11 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. W. Gibson

Licensed Embalmer No. 4871

P. O. Address Indep. M

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