

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29052

FILED SEP 9 1957

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 208

1. PLACE OF DEATH a. COUNTY <b>RANDOLPH</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>CHARITON</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MOBERLY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>DALTON</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>WOODLAND</b>		Length of stay in lb <b>1 day</b>	d. STREET ADDRESS (If outside, give location) <b>BOWLING GREEN TWP.</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>FLOSSIE</b> Middle <b>ELEANOR</b> Last <b>KALINKA</b>			4. DATE OF DEATH Month <b>AUG.</b> Day <b>26</b> Year <b>1957</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>1894</b> <b>JUNE 17, 1959</b>	9. AGE (In years last birthday) <b>63</b> IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>		11. BIRTHPLACE (City and state or country) <b>DALTON, MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			13. FATHER'S NAME <b>W. H. GROTIAN</b>		
14. MOTHER'S MAIDEN NAME <b>MARY C. LANHOVEL</b>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		
16. SOCIAL SECURITY NO. <b>490-42-9199</b>		17. INFORMANT Address <b>W. H. KALINKA, DALTON, MISSOURI</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Schiodema</b>					INTERVAL BETWEEN ONSET AND DEATH <b>10 years</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) _____
					DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Impairment of 2 feet on right foot - 3 months</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>7100</b>			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from <b>1940</b> to <b>Aug 26 '57</b> and last saw <sup>her</sup> <del>him</del> alive on <b>Aug 1 '57</b> Death occurred at <b>3</b> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>W. H. Kalinka, M.D.</b> (Degree or title)			22b. ADDRESS <b>Moberly, Mo</b>		22c. DATE SIGNED <b>Aug 26 '57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>AUG 26, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>DALTON CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>DALTON, MISSOURI</b>
24. FUNERAL DIRECTOR <b>Heisel Funeral Home, Brunswick Mo.</b>		ADDRESS		25. DATE RECD. BY LOCAL REG. <b>8/26/57</b>	26. REGISTRAR'S SIGNATURE <b>Leah Loeue</b>

(Licensed Embalmer's Statement on Reverse Side)

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 Director, Colaneri, et al., Missouri State Board of Health, St. Louis, Missouri, 1957. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related.

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..... *William R. Koe*

Licensed Embalmer No. *47*

P. O. Address *Brunswick*

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.