

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43985**

FILED JAN 6 1958

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

BIRTH NO. _____		REG. DIST. NO. <u>115-116</u>		PRIMARY REG. DIST. NO. <u>3020</u>		Registrar's No. <u>39</u>	
1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>FRANKLIN</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>WASHINGTON</b>		c. LENGTH OF STAY (in this place) <b>2</b>		c. CITY OR TOWN <b>U NION</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. FRANCIS HOSPITAL</b>				f. STREET ADDRESS (If rural, give location) <b>210 E. GRANT ST.</b> <span style="float: right;">036/0</span>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>PEGGY</b>		b. (Middle) <b>GEAN</b>		c. (Last) <b>VONDRACEK</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>DEC. 28, 1957</b>	
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>		8. DATE OF BIRTH <b>DEC. 29, 1956</b>	
9. AGE (In years last birthday) <b>11</b>		10. UNDER 1 YEAR Months <b>29</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>WASHINGTON, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY					
13a. FATHER'S NAME <b>FRED VONDRACEK</b>		13b. MOTHER'S MAIDEN NAME <b>RUBY KRAFT</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>FRED VONDRACEK 210 GRANT ST. UNION</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infectious gastroenteritis</u> 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 <u>4 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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) <b>5710</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>28 Dec, 1957</u> , to <u>28 Dec, 1957</u> , that I last saw the deceased alive on <u>28 Dec, 1957</u> , and that death occurred at <u>9:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wm. Richardson, M.D.</u>		23b. ADDRESS <u>Union, Mo.</u>		23c. DATE SIGNED <u>30 Dec 57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>12/31/57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>UNION CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>UNION, MO.</b>	
DATE REC'D BY LOCAL REG. <b>12/31/57</b>		REGISTRAR'S SIGNATURE <u>J. P. Stuchman &amp; J. P. Stuchman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. F. Oltman</u>		ADDRESS <b>UNION, MO.</b>	

(Licensed Embalmer's Statement on Reverse Side)

99-1

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..... *E. H. Ottmann*

Licensed Embalmer No. .... *1680*

P. O. Address.. *Union*

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.