

FILED DEC 23 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44870  
STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 559V Registrar's No. 13V

V. S. 300  
ev. 1-57

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>JEFF.</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>RURAL JOACHIM</b>		c. CITY OR TOWN <b>CRYSTAL CITY</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <b>JEFFERSON MEMORIAL</b> INSTITUTION <b>HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>117 CHESTNUT</b>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>SABINA LEDNICK</b>			4. DATE OF DEATH Month Day Year <b>12-4-57</b>		
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>11-2-1872</b>	9. AGE (In years Days birthday) <b>85</b>	10. UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWORK</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>OWN</b>	11. BIRTHPLACE (City and state or country) <b>CZECHOSLOVAKIA</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>FABIAN MOSOVSKY</b>	13b. MOTHER'S MAIDEN NAME <b>KATRINA LIPKA</b>	14. NAME OF HUSBAND OR WIFE <b>----</b>
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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>---</b>	17. INFORMANT <b>MRS. CHAS. VISNOVSKÉ</b>	Address <b>CRYSTAL CITY MO</b>
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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>Chronic lymphocytic leukemia.</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>Diabetes Mellitus</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>---</b>
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <b>---</b>	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>---</b>	20f. CITY, TOWN, OR LOCATION <b>---</b>	COUNTY <b>---</b>	STATE <b>---</b>
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21. I attended the deceased from <b>4-12-40</b> to <b>12-4-57</b> and last saw her/him alive on <b>12-4-57</b> Death occurred at <b>9:45 a.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.
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21a. SIGNATURE <i>John F. Redberg</i> (Degree or title) <b>M.D.</b>	22b. ADDRESS <b>312-14 Bailey Road, Crystal City, MO.</b>	22c. DATE SIGNED <b>12-6-57</b>
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23a. BURIAL, CREMATION, REBURY ALL (Specify) <b>BURIAL</b>	23b. DATE <b>12-7-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>CATHOLIC</b>	23d. LOCATION (City, town, or county) (State) <b>CRYSTAL CITY, MO.</b>
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24. FUNERAL DIRECTOR <b>GENTRY R. POLIYTE</b>	ADDRESS <b>CRYSTAL CITY, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>12-7-57</b>	26. REGISTRAR'S SIGNATURE <i>Thos. P. Sigdon</i>
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

**JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI**

**DATE RECEIVED**

DEC 11 1957

**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

*Gentry B. Palitte*

Licensed Embalmer No. *3481*

P. O. Address

*Crystal City*

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.