

FILED FEB 10 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1905**

BIRTH NO. _____ REG. DIST. NO. **XXI 179** PRIMARY REG. DIST. NO. **5669** Registrar's No. **71**

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give town) Rural Hawkpoint	c. LENGTH OF STAY (in this place) 70 yr	c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1 Mile North of Hawkpoint MO.		• STREET ADDRESS (If rural, give location) 1 Mile North of Hawkpoint MO.	

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) STRANSKY c. (Last) STRANSKY		4. DATE OF DEATH (Month) (Day) (Year) Jan 20, 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 12, 1860
9a. AGE (in years last birthday) 97	IF UNDER 1 YEAR Months 7	IF UNDER 1 YEAR Days 8	IF UNDER 24 HRS. Hours 8 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housework	11. BIRTHPLACE (City and State or Foreign Country) Troy MO.
		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Joe Martinek	13b. MOTHER'S MAIDEN NAME Annie Dardy	14. NAME OF HUSBAND OR WIFE John Stransky
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Joe Stransky ADDRESS Hawkpoint MO.

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		19. INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypotension, Inanition DUE TO (c) Advanced senility		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) 332X (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 June, 1957 to Jan. 20, 1958, that I last saw the deceased alive on Jan 17 1958 and that death occurred at 7:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE John T. Shuman, MD (Degree or title)	23b. ADDRESS Hawk Point Mo	23c. DATE SIGNED 2-4-58
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 22, 1958	24c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery
		24d. LOCATION (City, town, or county) (State) Hawkpoint MO.

DATE REC'D BY LOCAL REG. FEB - 7 1958	REGISTRAR'S SIGNATURE Nell-S. Schuenlein	25. FUNERAL DIRECTOR'S SIGNATURE D.W. McCoy ADDRESS Troy mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *D. W. McEoy*.....

Licensed Embalmer No. *3586*

P. O. Address *Jay, Mo.*

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.