THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER: 58-021112

FILED JUL 3 1958

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 418

1. PLACE OF DEATH
a. COUNTY: BUTLER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: POPLAR BLUFF — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: POPLAR BLUFF — Length of stay in 1b: 34 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO b. COUNTY: WAYNE
c. CITY OR TOWN: CLUBB 1170 0 — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): R.F.D — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First JOHN Middle Last ZILASKEI

4. DATE OF DEATH: Month JUNE Day 10 Year 1958

5. SEX: MALE 0

6. COLOR OR RACE: WHITE

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]

8. DATE OF BIRTH: OCT 27, 1878

9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 7 Days 13 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER

10b. KIND OF BUSINESS OR INDUSTRY: LABORER

11. BIRTHPLACE (City and state or country): POLAND 4

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: UNKNOWN

13b. MOTHER'S MAIDEN NAME: UNKNOWN

14. NAME OF HUSBAND OR WIFE: UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ✓

17. INFORMANT: BRYANT TUBBS Address: CLUBB, MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause on line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Encephalomalacia — INTERVAL BETWEEN ONSET AND DEATH: 1 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis — ?
DUE TO (c): 332 X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Uremia — Prostatic Hypertrophy —
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5-6-58, to 6-10-58 and last saw her/him alive on 6-10-58
Death occurred at 12:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: O. Brockerson (Degree or title) M.D.
22b. ADDRESS: Poplar Bluff, Mo
22c. DATE SIGNED: 6-12-58

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: JUNE 12-1958
23c. NAME OF CEMETERY OR CREMATORY: GREENVILLE CEM.
23d. LOCATION (City, town, or county): GREENVILLE, (State): MO.

24. FUNERAL DIRECTOR: GISH F. HOME ADDRESS: GREENVILLE, MO
25. DATE RECD. BY LOCAL REG.: 6/28/58
26. REGISTRAR'S SIGNATURE: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally 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 ....me...., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Marvin E. Bowles

Licensed Embalmer No. 4426

P. O. Address Piedmont, [illegible]

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.