

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028113

STATE FILE NUMBER

FILED AUG 28 1958

Registration District No. 10

Primary Registration District No. 5033

Registrar's No. 173

40
300
1-57

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Loutre Twp.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Martinsburg</u> <u>0040</u> 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RR #1</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>RR #1</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>FRANK JOSEPH JENICEK</u>			4. DATE OF DEATH Month Day Year <u>Aug. 23, 1958</u>
5. SEX <u>Male</u> 0	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 20, 1899</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>	9. AGE (In years last birthday) <u>78</u> F UNDER 1 YEAR Months <u>9</u> Days <u>2</u> IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) <u>Czechoslovakia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frank J. Jenicek</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Kriz</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Hrdina Jenicek</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>488-42-9087</u>	17. INFORMANT <u>Mrs. Anna H. Jenicek</u> Address <u>Martinsburg, MO</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocarditis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Chronic Nephritis</u>			<u>592X</u> <u>3 yrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>Aug 19, 1958</u> to <u>Aug 23, 1958</u> and last saw ^{her} him alive on <u>8/22/58</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>John A. Owens</u> (Degree or title) <u>D.D.</u>		22b. ADDRESS <u>Martinsburg Mo.</u>	
		22c. DATE SIGNED <u>8/25/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Aug. 27, 1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Martinsburg, Missouri</u>	
24. FUNERAL DIRECTOR <u>A.B. Wells</u>		25. DATE RECD. BY LOCAL REG. <u>Aug. 25-1958</u>	
ADDRESS <u>Wellsville, Mo.</u>		26. REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Accuracy necessary when cause of death is not obvious - Standard nomenclature in Part 18 - No symptoms will be listed. 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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Howard F Myers*

Licensed Embalmer No. *104494*
P. O. Address *Wellsville, N*

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.