

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033368

STATE FILE NUMBER

FILED SEP 24 1958 Registration District No. 171 Primary Registration District No. 5637 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>				2. USUAL RESIDENCE (Where deceased lived. If institutional Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Clay township</b> TOWN <b>Near Napoleon, Mo.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>3508 Kansas City Mo</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b <b>app. 5 days</b>		d. STREET ADDRESS (If outside, give location) <b>3522 Harrison</b>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <b>John (N) Novak</b>									
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>May 31-1941</b>		9. AGE (In years last birthday) <b>62</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Watchman</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Commerce Bank</b>		11. BIRTHPLACE (City and state or country) <b>Howells, Nebraska</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>		
13. FATHER'S NAME <b>James Novak</b>				14. MOTHER'S MAIDEN NAME <b>Anna (No Record)</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>UNKNOWN</b>			16. SOCIAL SECURITY NO. <b>UNKNOWN</b>		17. INFORMANT <b>Mrs. Emma Novak</b>			Address <b>3522 Harrison K. C. Mo.</b>	
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>un known - probably</b> <b>drowning, found body</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>in Mo River at Napoleon Mo</b> DUE TO (c) <b>9298 42</b>								INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>missing since Sept 12. Identified with 20</b>								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>	
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>054</b>			
20c. TIME OF INJURY <b>Chopped</b> Hour <b>9/16-58</b> a. m. <b>p. m.</b>				20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>054</b>	
21. I attended the deceased from <b>after death on 9/16/58</b> and last saw her alive on <b>never</b> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>W M Martin MD Coroner 3</b>				22b. ADDRESS <b>Odessa Mo</b>		22c. DATE SIGNED <b>9/18/58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>9-20-1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Green Lawn</b>		23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>			
24. FUNERAL DIRECTOR <b>J. C. Sheppard Wellington, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>9/22/1958</b>		26. REGISTRAR'S SIGNATURE <b>Emma Davidson</b>			

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare  
Public Service

5. 300  
7. 1-56 3

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

OCT 17 1958

MAY 26 1959

NOV 21 1958

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 no External packs + cavity, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Jr. Blair Sheppard

Licensed Embalmer No. 4179

P. O. Address Wellington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (E 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.