

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-038801

STATE FILE NUMBER

FILED DEC 3 1958 Administration District No. 13 Primary Registration District No. 3003 Registrar's No. 162

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Barry</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo</b><br>b. COUNTY <b>Barry</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Monett</b>                          |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>Monett</b><br>0510<br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Vincents Hospital</b> |  | Length of stay in 1b<br><b>15mts</b>  | d. STREET ADDRESS (If outside, give location)<br><b>801 Lincoln</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <b>Jospeh</b> Middle <b>Andrew</b> Last <b>Kominak</b> |  |  | 4. DATE OF DEATH<br>Month <b>11</b> Day <b>16</b> Year <b>1958</b> |  |  |
|---|--|--|--|--|--|

|                    |                              |   |                                       |  |                           |                          |       |      |
|--------------------|------------------------------|---|---------------------------------------|--|---------------------------|--------------------------|-------|------|
| 5. SEX<br><b>M</b> | 6. COLOR OR RACE<br><b>W</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>12/14/1884</b> | 9. AGE (In years last birthday)<br><b>73</b> | IF UNDER 1 YEAR<br>Months | IF UNDER 24 HRS.<br>Days | Hours | Min. |
|--------------------|------------------------------|---|---------------------------------------|--|---------------------------|--------------------------|-------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Miner</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Retired coal</b> | 11. BIRTHPLACE (City and state or country)<br><b>Poland</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b> |
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|---|---|---|
| 13a. FATHER'S NAME<br><b>Jospeh Kominak</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Anna Kominak (deceased)</b> |
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|--|---|---|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(No, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>191-10-8310</b> | 17. INFORMANT<br><b>Sister Mary Clarence, Monett, Missouri</b><br>Address |
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|---|--|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Exsanguination</b><br><b>Carcinoma of rectum (inoperable)</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 year ago</b>   |
| 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?<br>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.)<br><b>154X</b> |
|---|---|

|   |  |  |   |                        |                          |
|---|--|--|---|------------------------|--------------------------|
| 20c. TIME OF INJURY<br>Hour _____<br>a.m. _____<br>p.m. _____ | 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<br><b>Monett</b> | COUNTY<br><b>Barry</b> | STATE<br><b>Missouri</b> |
|---|--|--|---|------------------------|--------------------------|

|   |  |                                  |                                       |
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| 21. I attended the deceased from<br>Death occurred at <b>Dec 1, 57</b> to <b>Nov 16, 58</b> and last saw her alive on <b>Nov 15, 1958</b><br>m on the date stated above; and to the best of my knowledge, from the causes stated. | 22a. SIGNATURE<br><b>Robert R. Dordery MD</b><br>(Degree or title) | 22b. ADDRESS<br><b>Monett Mo</b> | 22c. DATE SIGNED<br><b>Nov 21, 58</b> |
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|  |                                |  |   |
|--|--------------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 23b. DATE<br><b>11/18/1958</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Cavalary Cemetery</b> | 23d. LOCATION (City, town, or county)<br><b>Monett, Missouri</b><br>(State) |
|--|--------------------------------|--|---|

|   |                                    |   |   |
|---|------------------------------------|---|---|
| 24. FUNERAL DIRECTOR<br><b>Wm. J. Wessell</b> | ADDRESS<br><b>Pierce City, Mo.</b> | 25. DATE RECD. BY LOCAL REG.<br><b>11-29-58</b> | 26. REGISTRAR'S SIGNATURE<br><b>Mrs P.M. Cook</b> |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 R. Gordon Bennett.....

Licensed Embalmer No. 4213.....

P. O. Address Mount View.....

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.