

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000424

STATE FILE NUMBER

FILED FEB 16 1959

Registration District No.

43

Primary Registration District No.

3007

Registrar's No.

605

300
1-57

1. PLACE OF DEATH a. COUNTY <i>Butler</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Stoddard</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Poplar Bluff</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>1030</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Doctors Hospital</i>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <i>Puxico R#2</i>		Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Jessie</i> Middle <i>James</i> Last <i>Zajic</i>			4. DATE OF DEATH Month <i>Jan.</i> Day <i>28</i> Year <i>1959</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Sept 21 1895</i>		9. AGE (In years last birthday) <i>63</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Banquet Stewart</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Checkoslovakia</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13a. FATHER'S NAME <i>John Zajic</i>		13b. MOTHER'S MAIDEN NAME <i>Anna Kolmistr</i>		14. NAME OF HUSBAND OR WIFE <i>Ella Zajic</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>493-03-5653</i>		17. INFORMANT Address <i>Ella Zajic</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Congestive Heart Failure</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Coronary Occlusion</i> DUE TO (c) <i>Coronary Arteriosclerosis</i>					INTERVAL BETWEEN ONSET AND DEATH <i>6 days</i> <i>10 days</i>
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"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. 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, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Marvin R. Bealman M.D.</i>			22b. ADDRESS		22c. DATE SIGNED <i>2-4-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>1-31-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Puxico</i>		23d. LOCATION (City, town, or county) (State) <i>Puxico Mo</i>
24. FUNERAL DIRECTOR <i>Flord Morgan Puxico Mo</i>			25. DATE RECD. BY LOCAL REG. <i>2/7/59</i>		26. REGISTRAR'S SIGNATURE <i>R. M. Muehle</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 16 1964

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 *Wm. H. Morgan* _____

Licensed Embalmer No. *4690* _____
P. O. Address *Advancet, 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.