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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-020259
STATE FILE NUMBER

FILED JUN 22 1959 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 181

1. PLACE OF DEATH a. COUNTY Adair	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Kirksville — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Novinger — Inside Limits Yes [ ] No [X]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) K.O.H. Hospital — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Novinger — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First Michael Middle Last Biros		4. DATE OF DEATH Month Day Year June 11, 1959	
5. SEX M	6. COLOR OR RACE W	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH Oct. 6, 1891
9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Zamutov, Czecho Slovaki	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME George Biros	13b. MOTHER'S MAIDEN NAME Helen Sirotnak	14. NAME OF HUSBAND OR WIFE Anna Karaff	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) X	16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs. Anna Biros, Novinger, Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Shock

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Trauma

DUE TO (c) Surgery for Carcinoma of Bladder

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) 1810

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 6-4-59, to 6-11-59 and last saw her/him alive on 6-11-59

Death occurred at 2:40 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. E. Meaney DO	22b. ADDRESS Kirksville, Mo.	22c. DATE SIGNED 6/12/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/15/59	23c. NAME OF CEMETERY OR CREMATORY Highland Park Cemetery
23d. LOCATION (City, town, or county) (State) Kirksville, Mo.		
24. FUNERAL DIRECTOR [signature] ADDRESS Kirksville, Mo.	25. DATE RECD. BY LOCAL REG. 6-14-1959	26. REGISTRAR'S SIGNATURE Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

W. E. MEANEY DO

35-0

JUN 26 1989

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 George W. Davalt

Licensed Embalmer No. 4799

P. O. Address Kirksville, 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.