

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-020540

FILED JUL 13 1959

Registration District No. 43

Primary Registration District No. 3007

STATE FILE NUMBER

Registrar's No. 309

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>BUTLER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Reynolds</b>	
b. CITY OR TOWN <b>Poplar Bluff</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Logan Twp.</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Poplar Bluff Hosp</b> Length of stay in 1b <b>24 Hrs.</b>		d. STREET ADDRESS <b>Rt 3, VAN BUREN, MO.</b> (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>PAULA</b> Middle <b>ELIZABETH</b> Last <b>NAHODIL</b>			4. DATE OF DEATH <b>JULY 1 1959</b> Month Day Year
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>NOV 4, 1883</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>75</b> IF UNDER 1 YEAR Months <b>7</b> Days <b>27</b> IF UNDER 24 HRS Hours Min.
11. BIRTHPLACE (City and state or country) <b>GERMANY</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>HAACK</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>DECEASED</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT Address <b>JOHN WIRTZ, Rt 3, VAN BUREN, 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>Skull Fracture--Cerebral Thrombosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>24 hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<b>9021</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Fell off of hay wagon</b>			19. WAS AUTOPSY PERFORMED? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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>Fell off of top of load of hay</b>	
20c. TIME OF INJURY <b>4:30</b> Hour <b>2000</b> Month, Day, Year <b>6-30-59</b> p.m.		20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>on farm</b>		20f. CITY, TOWN, OR LOCATION <b>Reynolds Missouri</b> COUNTY STATE	
21. I attended the deceased from <b>6-7-49</b> to <b>6-30-59</b> and last saw her alive on <b>6-30-59</b> Death occurred at <b>8:00 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Frank J. Rucinski</b> (Degree or title) <b>, D.O.<sup>2</sup></b>		22b. ADDRESS <b>Van Buren, Missouri</b>	22c. DATE SIGNED <b>7-2-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>7-4-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Yount MEMORIAL</b>	23d. LOCATION (City, town, or county) (State) <b>Reynolds County, MO.</b>
24. FUNERAL DIRECTOR <b>MESpackden</b> ADDRESS <b>VAN BUREN, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>7/4/59</b>	26. REGISTRAR'S SIGNATURE <b>R. M. Minter</b>

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 ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Allen C. McGee* .....

Licensed Embalmer No. *4543* .....  
P. O. Address *Van Buren, 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.