

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022595

STATE FILE NUMBER

FILED JUN 30 1959

Registration District No. 316 Primary Registration District No. 3057 Registrar's No. 245

300
-57

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If in institution: Residence before a. STATE Mo b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Bonne Terre
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		Length of stay in lb ***	d. STREET ADDRESS 7 Dale
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last H. E. L. E. N T. Y. S. K. O T. Y. R. P. A. K			4. DATE OF DEATH Month Day Year June 22 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar 18 1892	9. AGE (In years last birthday) 67	10. FUNDERS 1 YEAR Months Days Hours Min. 3 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY ***	11. BIRTHPLACE (City and state or country) Polany, Austria	12. CITIZEN OF WHAT COUNTRY? 2 USA	
13a. FATHER'S NAME Onicy Tysko		13b. MOTHER'S MAIDEN NAME Pansy Stelmar		14. NAME OF HUSBAND OR WIFE Sam Tyrpak	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No ***	16. SOCIAL SECURITY NO. ***	17. INFORMANT Address Sam Tyrpak Bonne Terre Mo (Husband)
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH unknown
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last.		
DUE TO (b) _____		
DUE TO (c) _____		
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 <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.)
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK 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 COUNTY STATE
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21. I attended the deceased from 6/23/54 to 6/22/59 and last saw her alive on 6/16/59
Death occurred at 6:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Jack W. Miller M.D.</i> (Degree or title)	22b. ADDRESS Bonne Terre, Missouri	22c. DATE SIGNED 6/23/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 24 1959	23c. NAME OF CEMETERY OR CREMATORY Greek Orthodox Cemetery	23d. LOCATION (City, town, or county) (State) St. Francois County, Mo.
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24. FUNERAL DIRECTOR C. Z. BOYER & SON INC.	ADDRESS Bonne Terre Mo	25. DATE RECD. BY LOCAL REG. June 24 1959	26. REGISTRAR'S SIGNATURE <i>Cather Rudloff</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DR. MULLEN

JUL 22 1956

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 *B. T. Boyer*

B. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Desloge, 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.