

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-023243

STATE FILE NUMBER

2 6109

FILED JUL 13 1959

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Buckner Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Length of stay in lb 17 Days	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (City not addressed)
3. NAME OF DECEASED (Type or print) First Middle Last JOHN NMN NOWACKY			4. DATE OF DEATH Month Day Year JUNE 26, 1959
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White <input checked="" type="checkbox"/>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 4, 1885
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY Coal Mine	9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS.
11. BIRTHPLACE (City and state or country) Lithuania		12. CITIZEN OF WHAT COUNTRY? USA.	
13. FATHER'S NAME Not Known		14. MOTHER'S MAIDEN NAME Not Known	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No --		16. SOCIAL SECURITY NO. Not Available	17. INFORMANT Address Mrs. Mary Nowacky Buckner, Ill.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL VASCULAR ACCIDENT Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CEREBRAL ARTERIOSCLEROSIS DUE TO (c) 331xH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) CARCINOMA OF LARYNX			INTERVAL BETWEEN ONSET AND DEATH 10 MINUTES YEARS
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 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 COUNTY STATE
21. I attended the deceased from JUNE 10, 1959 to JUNE 26, 1959 and last saw her alive on JUNE 26, 1959 Death occurred at 1:20 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) C. D. Demillion, M. D.		22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 6/27/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/29/59	23c. NAME OF CEMETERY OR CREMATORY St. Andrews Cemetery	23d. LOCATION (City, town, or county) (State) Christopher, Illinois
24. FUNERAL DIRECTOR John Kassy E. St. Louis, Ill.		25. DATE RECD. BY LOCAL REG. JUN 27 '59	26. REGISTRAR'S SIGNATURE Earl Smith, M. D.

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service  
00-56-3  
I  
8/20  
diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MTS

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e  
by me, or by not Embalmed, Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed John Kassy

Licensed Embalmer No. 68

P. O. Address Case St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.