

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029888

FILED VS SEP 9 1959

STATE FILE NUMBER

Registration District No. 243 Primary Registration District No. 4364 Registrar's No. 26

INDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Newton</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Stella</u>		a. STATE <u>Missouri</u>		COUNTY <u>Barry</u>	
Length of stay in 1b <u>10 min</u>		c. CITY OR TOWN <u>Wheaton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cordwell Memorial</u>				d. STREET ADDRESS (If outside, give location)		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>Steve</u>		Middle <u>Karvanek</u>		Last <u>Karvanek</u>		Month Day Year <u>August 7, 1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 5 '90</u>	9. AGE (last birthday) <u>68</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Service Station Oper.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Plattsmouth, Neb.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Karvanek</u>			13b. MOTHER'S MAIDEN NAME <u>Catherine Patek</u>		14. NAME OF HUSBAND OR WIFE <u>Fay Karvanek</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>500-36-7041</u>		17. INFORMANT Address <u>Fay Karvanek; Wheaton, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Massive Coronary occlusion</u>						<u>5 min.</u>	
DUE TO (b) <u>Coronary thrombosis</u>						<u>5 min.</u>	
DUE TO (c) <u>Arteriosclerosis</u>						<u>15 years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cardiac hypertrophy - Mitral + aortic insufficiency</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 number 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 <u>9/14/50</u> to <u>8/7/59</u> and last saw <u>him</u> alive on <u>8/7/59</u> Death occurred at <u>11:05 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Fred R. Clark D.O.</u>				22b. ADDRESS <u>Box 96, Wheaton, Mo.</u>			22c. DATE SIGNED <u>8/8/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Aug. 10, '59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mablewood</u>		23d. LOCATION (City, town, or county) <u>Exeter, Missouri</u>			
24. FUNERAL DIRECTOR ADDRESS <u>MCQUEEN FUNERAL HOME; Wheaton, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>8-15-59</u>	26. REGISTRAR'S SIGNATURE <u>Medred Moberly</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____

Paul D. Herbst

Licensed Embalmer No. 4576

P. O. Address Cassville, 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.