

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 044597

FILED VS DEC 23 1959

Registration District No. 170

Primary Registration District No. 3033

Registrar's No. 191

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Laclede				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Cook									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon		Length of stay in 1b 4 months		c. CITY OR TOWN Chicago, Oak Lawn		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Long Nursing Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 9113 South 54th Ave			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First Frantiska Middle Drasky Last Drasky				4. DATE OF DEATH Month Dec. Day 10, Year 1959									
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH June 22, 1877		9. AGE (last birthday) 82		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY none			11. BIRTHPLACE (City and state or country) Prague, Nebraska			12. CITIZEN OF WHAT COUNTRY USA				
13a. FATHER'S NAME Frank Kubick				13b. MOTHER'S MAIDEN NAME ----- Vanek				14. NAME OF HUSBAND OR WIFE Jorslov Drasky					
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. no		17. INFORMANT Address Blanche Drasky Osage Beach, Missouri							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute coronary occlusion										INTERVAL BETWEEN ONSET AND DEATH 20 min.			
Conditions, if any, which gave rise to above cause (a), stating the underlying 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) Virus enteritis										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 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 <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 9-29-59 to 12-10-59 and last saw her ^{her} alive on 12-10-59 Death occurred at 2 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE R B Hurst M.D. (Degree or title)				22b. ADDRESS Lebanon Mo.				22c. DATE SIGNED 12-12-59					
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 12/13/59		23c. NAME OF CEMETERY OR CREMATORY Conway Cemetery				23d. LOCATION (City, town, or county) (State) Osage Beach, Missouri					
24. FUNERAL DIRECTOR Walter P. Hedges Hedges Funeral Home				ADDRESS Camdenton, Mo.		25. DATE RECD. BY LOCAL REG. 12-12-1959		26. REGISTRAR'S SIGNATURE Mella L. Hlay					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS DEC 23 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Walter J. Hedge

Licensed Embalmer No. 4265

P. O. Address Iberia, Miss

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