

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005988

FILED VS FEB 29 1960

133

Primary Registration District No. 3022

Registrar's No. 32

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Harrison</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bethany</u>		Length of stay in lb <u>4 Days</u>	c. CITY OR TOWN <u>Ridgeway</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>West Memorial Hospital</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>None</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Hulda Christine Ceradsky</u>			4. DATE OF DEATH Month Day Year <u>2-22-60</u>		
5. SEX <u>Female</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>1-4-77</u>	9. AGE (last birthday) <u>83</u>	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>keeper cur Home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>House work</u>	11. BIRTHPLACE (City and state or country) <u>Davis Co Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
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13a. FATHER'S NAME <u>H. S. Wilkinson</u>	13b. MOTHER'S MAIDEN NAME <u>Saralda Landes</u>	14. NAME OF HUSBAND OR WIFE <u>Will Ceradsky</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give date of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT <u>William Ceradsky</u> Address

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 <u>3d.</u> <u>7d.</u>
IMMEDIATE CAUSE (a)	<u>MYOCARDITIS</u>	
CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>INFLUENZA</u>	
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>NEPHROSIS</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
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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 s.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 2-19-60 to 2-22-60 and last saw her alive on 2-22-60.
Death occurred at 11:15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Do not use title) <u>Albert Hipke M.D.</u>	22b. ADDRESS <u>Bethany, Mo.</u>	22c. DATE SIGNED <u>2-24-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-24-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bonhemia Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>57th & Prinsville, Mo</u>
24. FUNERAL DIRECTOR <u>Robert R. Bagers</u>	ADDRESS <u>Ridgeway Mo</u>	25. DATE RECD. BY LOCAL REG. <u>2-24-1960</u>	26. REGISTRAR'S SIGNATURE <u>Gella Maxey</u>

(Licensed Embalmer's Statement on Reverse Side)

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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert R Boggers

Licensed Embalmer No. 3576

P. O. Address Ridgeway N

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.