

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018841

FILED VS JUN 6 1960

Registration District No. 88 Primary Registration District No. 5325 Registrar's No. 18

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Courtois</u> Length of stay in 1b <u>10 yr.</u>		c. CITY OR TOWN <u>Steelville</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5 mi. E. of Steelville</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>SAME AS 1c.</u> Residence on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>JAKE Herman Slovensky</u>			4. DATE OF DEATH Month Day Year <u>5 31 60</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>6-2-85</u>	9. AGE (last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>29</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
--------------------	-------------------------------	--	--------------------------------	----------------------------------	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foreman - Boiler Maintenance</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Steelville, Mo.</u>	11. BIRTHPLACE (City and state or country) <u>Steelville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
---	--	---	---

13a. FATHER'S NAME <u>John Slovensky</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Heims</u>	14. NAME OF HUSBAND OR WIFE <u>Bessie</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>492-09-6106</u>	17. INFORMANT Address <u>Rt. 1 Steelville, Mo.</u> <u>Mrs. Jake Slovensky</u>
--	--	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute cardiac dilation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>80 minutes</u>
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)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N- <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 <u>7:35</u> a.m. <u>p.</u> Month, Day, Year <u>May 31, 1960</u>	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 <u>Steelville Mo</u> COUNTY <u>Crawford</u> STATE <u>Mo.</u>
---	--	--	---

21. I attended the deceased from <u>7:35 p</u> to <u>May 31, 1960</u> and last saw him alive on <u>May 31, 1960</u> Death occurred at <u>7:35 p</u> on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>DO</u>	22b. ADDRESS <u>Steelville Mo</u>	22c. DATE SIGNED <u>6/2/60</u>
---	-----------------------------------	--------------------------------

23a. BURIAL, CREATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-3-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Liberty</u>	23d. LOCATION (City, town, or county) (State) <u>Crawford Co. Mo.</u>
--	-------------------------	---	---

24. FUNERAL DIRECTOR <u>Harry M. Jonas Steelville</u> ADDRESS <u>Steelville</u>	25. DATE RECD. BY LOCAL REG. <u>6/3/60</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Hazel Lichius</u>
---	--	---

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 7 1960

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

Harry M. Jones

Licensed Embalmer No. 2628

P. O. Address Steelville

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.