

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-020133

FILED VS JUN 1 1960

209

Primary Registration District No. 3043

Registrar's No. 209

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Marion			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Ralls			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Length of stay in 1b 10 days	c. CITY OR TOWN Ilasco		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.R. #3, Hannibal		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First DURO Middle TRETJAK Last			4. DATE OF DEATH Month 5 - Day 22 - Year 60			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-30-94	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done of working life, even if retired) Burner		10b. KIND OF BUSINESS OR INDUSTRY Cement Plant	11. BIRTHPLACE (City and state or country) Bacurov, Czech.	12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME John Tretjak		13b. MOTHER'S MAIDEN NAME Eva Slancik		14. NAME OF HUSBAND OR WIFE Susan Bozalka Tretjak		
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. 490-07-6767	17. INFORMANT Address Mrs. Susan Tretjak, R.R.#3, Hanniba			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertrophy of prostate DUE TO (c) Acute Nephritis with uremia					INTERVAL BETWEEN ONSET AND DEATH 4 days 10 days	
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"/> 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 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 5/12/60 to 5/22/60 and last saw her/him alive on 5/21/60 Death occurred at 9:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <i>[Signature]</i>			22b. ADDRESS 100 N. 6th, Hannibal, Mo.		22c. DATE SIGNED 5/24/60	
23a. BURIAL, CREMATION, REMOVAL (specify) Burial	23b. DATE 5-24-60	23c. NAME OF CEMETERY OR CREMATORY Grand View Burial Pk.	23d. LOCATION (City, town, or county) (State) Hannibal, Missouri			
24. FUNERAL DIRECTOR ADDRESS <i>[Signature]</i> Hannibal, Mo.		25. DATE RECD. BY LOCAL REG. 5/25/60	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

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 Jack Schwartz
Licensed Embalmer No. 490

P. O. Address Hannibal

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