

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-030055

FILED VS. AUG 23 1960 88

Primary Registration District No. 5325 Registrar's No. 25

STATE FILE NUMBER

ENDED

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

3. NAME OF DECEASED (Type or print) First Lena Middle N.M. Last Chura			4. DATE OF DEATH Month Aug. Day 18 Year 1960			
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 1885	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Austria	12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME John Smerek		13b. MOTHER'S MAIDEN NAME ANNA UNKNOWN		14. NAME OF HUSBAND OR WIFE John Chura Dead		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Patient apparently had gastric hemorrhage from description of attendants			INTERVAL BETWEEN ONSET AND DEATH about 18 hrs.
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"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 None and last saw her him alive on 7:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at 7:30 A.M.			

22a. SIGNATURE (Degree or title) Harry M. Jones, M.D. (Coroner)		22b. ADDRESS Steelville, Mo	22c. DATE SIGNED Aug 18 1960
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial removed	23b. DATE Aug 19 1960	23c. NAME OF CEMETERY OR CREMATORIUM Resurrection	23d. LOCATION (City, town, or county) St. Louis, Mo
24. FUNERAL DIRECTOR ADDRESS Norman C. Hoexter, Cuba, Mo.		25. DATE RECD. BY LOCAL REG. Aug. 18, 1960	26. REGISTRAR'S SIGNATURE Mrs Hazel Lichner

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 25 1960

AUG 26 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

Norman R. Haen

Licensed Embalmer No. 4673

P. O. Address Cuba, Md

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.