

1. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035315

ED VS SEP 2 0 1960

Registration District No. 163 Primary Registration District No. 5893 Registrar's No. 60

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>JEFF.</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>PLATTIN TWP.</b>		Length of stay in 1b <b>3 years</b>	c. CITY OR TOWN <b>CRYSTAL CITY</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ROSE HILL REST HOME</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>727 CRYSTAL AVE.</b>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last <b>BARBARA AGNES VISNOVSKE</b>			4. DATE OF DEATH Month Day Year <b>SEPT. 9, 1960</b>		
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-4-1885</b>	9. AGE (last birthday) <b>74</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWORK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>	11. BIRTHPLACE (City and state or country) <b>CZECHOSLOVAKIA</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
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13a. FATHER'S NAME <b>BUNTA</b>		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE	
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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 <b>CHARLES VISNOVSKE CRYSTAL CITY, MO</b>			
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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
IMMEDIATE CAUSE (a) <b>arteriosclerotic heart disease</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Generalized arteriosclerosis</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		
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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.)			
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year				
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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	
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21. I attended the deceased from March 7, 59 to Sept 2, 60 and last saw her alive on Sept 2, 60  
Death occurred at 5:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deed or title) <i>Barbara Bolger, MD</i>		22b. ADDRESS <i>Festus, Mo</i>		22c. DATE SIGNED <i>9/12/60</i>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>SEPT. 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>CATHOLIC</b>	23d. LOCATION (City, town, or county) (State) <b>CRYSTAL CITY, MO.</b>		
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24. FUNERAL DIRECTOR ADDRESS <b>GENTRY R. POLITTE CRYSTAL CITY, MO</b>	25. DATE RECD. BY LOCAL REG. <b>Sept 12-1960</b>	26. REGISTRAR'S SIGNATURE <i>Marie Harris</i>			
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 23 1960

### STATEMENT BY LICENSED EMBALMER

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Gentry R. Paul*

Licensed Embalmer No. 348

P. O. Address Crystal

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