

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-006021

STATE FILE NUMBER

AMENDED

Registration District No. 254 Primary Registration District No. 5866 Registrar's No. 114

FILED VS MAR 6 1961

1. PLACE OF DEATH a. COUNTY <u>OREGON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <u>MO-</u> b. COUNTY <u>OREGON</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MYRTLE</u>		Length of stay in lb <u>2 YRS-</u>		c. CITY OR TOWN <u>MYRTLE</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>-</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>-</u>
3. NAME OF DECEASED (Type or print) First <u>CHARLES</u> Middle <u>-</u> Last <u>HASEK</u>			4. DATE OF DEATH Month <u>2</u> Day <u>24</u> Year <u>1961</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>11-12-1894</u>	9. AGE (last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>12</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>RAILROAD-RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROADING</u>		11. BIRTHPLACE (City and state or country) <u>CHICAGO, ILL-</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S-</u>		13a. FATHER'S NAME <u>JAMES HASEK</u>		13b. MOTHER'S MAIDEN NAME <u>BARBARA BOSKET</u>	
14. NAME OF HUSBAND OR WIFE <u>CASSIE S. HASEK</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WWII</u>		17. INFORMANT Address <u>CASSIE S. HASEK MYRTLE, MO-</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>Cerebral occlusion.</u> DUE TO (b) <u>Brain Traumatic embolism.</u> DUE TO (c) <u>Senile body changes.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH
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></u> a.m. <u></u> p.m. <u></u>	Month, Day, Year <u></u>				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Myrtle Oregon</u>	20f. CITY, TOWN, OR LOCATION <u>Myrtle Oregon</u>	COUNTY <u>MO.</u>	STATE <u>MO.</u>	
21. I attended the deceased from <u>3-18-59</u> to <u>2-27-61</u> and last saw her him alive on <u>2-18-61</u> Death occurred at <u>10:15-a.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Arthur Wolf</u> (Deceased or title)			22b. ADDRESS <u>Myrtle MO.</u>		22c. DATE SIGNED <u>2-27-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>2-27-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>COTTONCREEK CEM-</u>	23d. LOCATION (City, town, or county) (State) <u>OREGON COUNTY, MO.</u>		
24. FUNERAL DIRECTOR ADDRESS <u>John & Cheryl Acton nee</u>		25. DATE RECD. BY LOCAL REG. <u>3-3-61</u>	26. REGISTRAR'S SIGNATURE <u>Arthur Wolf</u>		

DATE AMENDED

INSTEAD OF DOCUMENT

SHOULD READ BY AFFIDAVIT OF

MEDICAL CERTIFICATION

MAR 7 1961

MAR 16 1961

MAR 16 1961

NOV 21 1961

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed John D. Clary

Licensed Embalmer No. 44525

P. O. Address Box 398, Altam, N.J.

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.