

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014794

AMENDED

Registration District No. 297

Primary Registration District No. 3052

Registrar's No. 60

STATE FILE NUMBER

FILED APR 25 1961

## 1. PLACE OF DEATH

a. COUNTY

Ray

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Richmond

Length of stay in 1b

57 yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Hill St.

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Ray

Inside Limits

Yes ☒ No ☐

c. CITY

OR TOWN Richmond

d. STREET ADDRESS

(If outside, give location)

Hill St.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

MARY

JELINEK

## 4. DATE OF DEATH

Month

Day

Year

April 14, 1961

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

7/31/1879

## 9. AGE (last birthday)

81

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

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

Own home

## 11. BIRTHPLACE (City and state or country)

Mala Dobra, Czechoslovakia

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Anton Chaloupka

## 13b. MOTHER'S MAIDEN NAME

Anna Novak

## 14. NAME OF HUSBAND OR WIFE

Joseph Jelinek (dec.)

## 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.

None

## 17. INFORMANT

Address

Mrs. Mary Zielinski, Richmond, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Hypostatic PNEUMONIA

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Arterio-sclerosis

## DUE TO (c)

INTERVAL BETWEEN  
ONSET AND DEATH

6 hrs

P.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

Chronic Myocarditis

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes☒ No☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐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 4-14-61 to 4-14-61 and last saw her alive on 4-14-61

Death occurred at 9:30 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

April 17, 1961

## 23c. NAME OF CEMETERY OR CREMATORY

Sunny Slope Cemetery

## 23d. LOCATION (City, town, or county)

Richmond, Mo.

## 24. FUNERAL DIRECTOR

## ADDRESS

Thurman Funeral Home, Richmond, Mo.

## 25. DATE RECD. BY LOCAL REG.

4-22-1961

## 26. REGISTRAR'S SIGNATURE

Malcolm Jackson

(Licensed Embalmer's Statement on Reverse Side)

**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,  
doctor, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed Leonard Thurman

Licensed Embalmer No. 4563

P. O. Address Richmond, Mo.

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.