

MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-015037

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED **F**

Registration District No. 143 Primary Registration District No. 4232 Registrar's No. 59

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Howell			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY Howell		
b. CITY (If outside corporate limits, give-TOWNSHIP only) OR TOWN Willow Springs,		Length of stay in 1b	c. CITY OR TOWN Willow Springs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home			d. STREET ADDRESS (If outside, give location) 706 North Walnut		
3. NAME OF DECEASED: (Type or print) Antonia M. Marik			4. DATE OF DEATH March 24, 1962		
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 10/31/92	9. AGE (last birthday) 69	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		11. BIRTHPLACE (City and state or country) Omaha, Nebraska	
12. CITIZEN OF WHAT COUNTRY U.S.A.			13a. FATHER'S NAME Frank Kudlacek		
13b. MOTHER'S MAIDEN NAME Antonia M. Kral			14. NAME OF HUSBAND OR WIFE		
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 Edward Marik Mtn. View, Mo.	
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) Coronary Occlusion					March 24, 1962
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last:					D.O.A.
DUE TO (b) coronary sclerosis (senile)					1:50 pm.
DUE TO (c) "possible" myocardial infarction					onset 1:45 pm.
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <u>March 11, 1962</u> to <u>March 24, 1962</u> and last saw her alive on <u>March 17, 1962</u>					
Death occurred at <u>March 24, 1962 150 pm</u> , on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Henry F. Gaddy Jr.</i>			22b. ADDRESS D.O. 308 North Center Willow Springs, Missouri		22c. DATE SIGNED April 2, 1962
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/27/1962	23c. NAME OF CEMETERY OR CREMATORY Chapel Hill Cemetary Mountain View, Missouri		23d. LOCATION (City, town, or county) (Street)
24. FUNERAL DIRECTOR ADDRESS Duncan Funeral Home Mtn. View, Mo.			25. DATE REC'D BY LOCAL REG. 4/11/62		26. REGISTRAR'S SIGNATURE <i>Tracie Goss</i>

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

Charles D. Cartain

Licensed Embalmer No. 5107

P. O. Address Missouri, 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.