

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030080

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

042

1000

979

STATE FILE NUMBER

DO NOT WRITE ON THIS SUB

AMENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

FILED SEP 10 1962	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Buchanan</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>814 Harmon Street</u></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u></p> <p>c. CITY OR TOWN <u>St. Joseph</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>814 Harmon Street</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print) First <u>Josephine</u> Middle <u>Marie</u> Last <u>Flekal</u></p>	
<p>4. DATE OF DEATH Month <u>August</u> Day <u>30</u> Year <u>1962</u></p>	
<p>5. SEX <u>Female</u> 6. COLOR OR RACE <u>White</u> 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	
<p>8. DATE OF BIRTH <u>Apr. 19, 1889</u> 9. AGE (last birthday) <u>73</u></p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u></p>	
<p>10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u></p>	
<p>11. BIRTHPLACE (City and state or country) <u>Czechoslovakia</u></p>	
<p>12. CITIZEN OF WHAT COUNTRY <u>USA</u></p>	
<p>13a. FATHER'S NAME <u>Antone Stecher</u> 13b. MOTHER'S MAIDEN NAME <u>Unknown</u></p>	
<p>14. NAME OF HUSBAND OR WIFE <u>Vincent J. Flekal</u></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> 16. SOCIAL SECURITY NO. <u>none</u> 17. INFORMANT <u>Mrs. Edward B. Nowacki</u> Address <u>5912 S. 8th St.</u></p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Carotid Artery Thrombosis</u></p> <p style="text-align: center;">DUE TO (b) <u>Arteriosclerosis</u></p> <p style="text-align: center;">DUE TO (c) _____</p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p>	
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>	
<p>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</p>	
<p>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.)</p>	
<p>20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____</p>	
<p>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 _____</p>	
<p>21. I attended the deceased from <u>7/13/53</u> to <u>8/30/62</u> and last saw her/him alive on <u>8/30/62</u> Death occurred at <u>12:45 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) <u>Sharon E. Waggoner M.D.</u> 22b. ADDRESS <u>301 Illinois Ave St. Joseph, Missouri</u> 22c. DATE SIGNED <u>8/31/62</u></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> 23b. DATE <u>Sept. 7, 1962</u> 23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u> 23d. LOCATION (City, town, or county) <u>St. Joseph, Mo.</u></p>	
<p>24. FUNERAL DIRECTOR <u>Clark Funeral Home</u> ADDRESS <u>St. Joseph, Mo.</u> 25. DATE RECD. BY LOCAL REG. <u>Aug. 31, 1962</u> 26. REGISTRAR'S SIGNATURE <u>Wm. Clark Woodell</u></p>	

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF St. E. Waggoner, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

Permitted 8/31/62

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 Em A Clark

Licensed Embalmer No. 4238

P. O. Address St Joseph 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.