

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047460

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 760 Primary Registration District No. 559 Registrar's No. 180

FILED DEC 19 1962	
1. PLACE OF DEATH a. COUNTY Jefferson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Ill. b. COUNTY _____
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Joachim Twp.	Length of stay in 1b 42 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jefferson Memorial Hosp.	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. STREET ADDRESS (If outside, give location) 216 N. 74th Street	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Regina Gyurica	
4. DATE OF DEATH Month Day Year Dec. 11, 1962	
5. SEX F	6. COLOR OR RACE W
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Sept 18, 1896
9. AGE (last birthday) 66	
IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR	
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) Austria Hungary	
12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME James Nehez	
13b. MOTHER'S MAIDEN NAME Victoria Timar	
14. NAME OF HUSBAND OR WIFE Elek Gyurica	
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 Mr. Louis Karika, 5505 Lake Dr., E. St.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer of the liver	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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) Diabetes mellitus. Cardiovascular disease	
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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 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 Nov 1, 1962 to Dec 11, 1962 and last saw her alive on Dec 10, 1962 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Estimé Solymos, M.D.	
22b. ADDRESS Festus Mo	
22c. DATE SIGNED 12/11/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/13/1962
23c. NAME OF CEMETERY OR CREMATORY Mt. Carmel	
23d. LOCATION (City, town, or county) (State) Belleville, Ill.	
24. FUNERAL DIRECTOR ADDRESS Kassley Funeral Home, E. St. Louis, Ill	
25. DATE RECD. BY LOCAL REG. 12-11-62	
26. REGISTRAR'S SIGNATURE [Signature]	

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

VS 300 Rev. 4/59
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USE BLACK INK OR TYPEWRITER RIBBON

JAN 4 1963

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 Donald H. Wingard

Licensed Embalmer No. 4608

P. O. Address Felton, 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.