

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30968

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 238

1. PLACE OF DEATH a. COUNTY Linn.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Linn									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline,		c. LENGTH OF STAY (in this place) 38 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline,		58							
d. FULL NAME OF HOSPITAL OR INSTITUTION none				d. STREET ADDRESS (If rural, give location) 420 East Lake									
3. NAME OF DECEASED (Type or Print) a. (First) Rosa			b. (Middle) Watskey		c. (Last) Fiala		4. DATE OF DEATH (Month) (Day) (Year) Aug. 8, 1949						
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH June 15, 1890		9. AGE (in years last birthday) 59		IF UNDER 1 YEAR Months 1 Days 23		IF UNDER 24 HRS. 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 housewife		11. BIRTHPLACE (State or foreign country) Linn Co., Mo.				12. CITIZEN OF WHAT COUNTRY? USA.			
13a. FATHER'S NAME Jacob Watskey				13b. MOTHER'S MAIDEN NAME Barbara Mataka				14. NAME OF HUSBAND OR WIFE Emil Fiala					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Martha Fiala, Marceline, MO.							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis										INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertension											
		DUE TO (c) arteriosclerosis										11/20!	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from 8-8 , 19 49 , to 8-8 , 19 49 , that I last saw the deceased alive on _____, 19____, and that death occurred at 9:00 a.m., from the causes and on the date stated above.													
23a. SIGNATURE Robert W. Smith, M.D. (Degree or title)						23b. ADDRESS Marceline, MO				23c. DATE SIGNED 8-9-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 11, 1949		24c. NAME OF CEMETERY OR CREMATORY Roselawn Cemetery				24d. LOCATION (City, town, or county) (State) Marceline, Mo.					
DATE REC'D BY LOCAL REG. Aug 10 - 1949		REGISTRAR'S SIGNATURE Mary Jane Owen				FUNERAL DIRECTOR'S SIGNATURE James McLaughlin ADDRESS Marceline, Mo.							

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—



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
Student Embalmer

Signed Blanche McLaughlin

Licensed Embalmer No. 1909

P. O. Address Marceline, 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 this body is not embalmed, fact should be so stated above.