

FILED DEC 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40774

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 5439 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Gasconade Twp.</u>		c. LENGTH OF STAY (In this place) <u>41 yrs.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Gasconade Twp.</u>		d. STREET ADDRESS (If rural, give location) <u>Owensville Route</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South of Owensville</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>Joseph</u> c. (Last) <u>Wotipka</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 1 1949</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>February 29, 1876</u>
9. AGE (In years last birthday) <u>73</u>		10. KIND OF BUSINESS OR INDUSTRY <u>farming</u>	11. BIRTHPLACE (State or foreign country) <u>Port Hudson, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frank Wotipka, Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Mary ?</u>	
14. NAME OF HUSBAND OR WIFE <u>Anna Novy Wotipka</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>---</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Anna Wotipka</u>		ADDRESS <u>Owensville, Mo.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarct</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 <u>11-28</u> , 19 <u>49</u> , to <u>12-1</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1-30</u> , 19 <u>49</u> , and that death occurred at <u>5 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Typed or title) <u>Paula Brans W.B.</u>		23b. ADDRESS <u>Owensville, Mo.</u>	
23c. DATE SIGNED <u>12-2-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-4-1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Owensville City Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Owensville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-22-1949</u>		REGISTRAR'S SIGNATURE <u>Dorothy Naekman</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilford H. H. Wink</u>		ADDRESS <u>OWENSVILLE</u>	

(Licensed Embalmer's Statement of Reverse Side)

RECEIVED  
DEC 27 1919  
District Health Office, No. 9,  
District File Number

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 Me

Student Embalmer No. ....

working under my personal supervision.

Signed Wesley H. H. Winter

Signed .....  
Student Embalmer

Licensed Embalmer No. 3838

P. O. Address Owensville, 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.