

FILED JAN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40859

State File No. _____

BIRTH NO. 128 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1107-A

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Goldwater</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>	
c. LENGTH OF STAY (In this place) <u>28 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>910 North Prospect</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>910 North Prospect</u>		e. STREET ADDRESS (If rural, give location) <u>910 North Prospect</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>	b. (Middle) _____	c. (Last) <u>Waskovsky</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 14 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 3 1874</u>	9. AGE (In years last birthday) <u>75</u>	10. UNDER 1 YEAR Months <u>4</u> Days <u>11</u>	11. UNDER 1 MIN. Hours _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Carpenter work</u>	11. BIRTH PLACE (State or foreign country) <u>Howard, Co. Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Lucy Waskovsky</u>
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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'S SIGNATURE OR NAME <u>Walter Waskovsky</u>	18. ADDRESS <u>1918 1/2 Spr...</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of lip</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Approx 2 yrs</u> <u>12-18 months</u> <u>unknown</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>Anemia severe</u>		
	DUE TO (c) <u>Generalized arteriosclerotic heart disease</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>140X</u>

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from 1 Sept 1949, to 14 Dec 1949, that I last saw the deceased alive on S.O.A., 19 , and that death occurred at 9:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Henry F. Knabb, Jr.</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>1630 N. Jefferson, Spfld Mo</u>	23c. DATE SIGNED <u>17 Dec 49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal & Burial</u>	24b. DATE <u>Dec 16 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Agles Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>4 1/2 mi. South of Belvoir Mo</u>
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DATE REC'D BY LOCAL REG. <u>12-29-49</u>	REGISTRAR'S SIGNATURE <u>W. E. Landley</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Erwin</u>	ADDRESS <u>424 Blue, Belvoir Mo</u>
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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.

Signed William B. Curran

Signed.....
Student Embalmer

Licensed Embalmer No. 3092

P. O. Address Bolivar, 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.