

FILED MAR 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2742

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 3055 Registrar's No. 2742

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Polk		a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) Bolivar		b. COUNTY Polk	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Bolivar	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Frances	b. (Middle) Urshla	c. (Last) Duffek	Month Feb.	Day 22	Year 1950
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH March 3, 1882	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 6
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 (State or foreign country) Czechoslovakia		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joseph Mihaluk		13b. MOTHER'S MAIDEN NAME Frances Kopecki		14. NAME OF HUSBAND OR WIFE	
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'S SIGNATURE OR NAME ADDRESS Miss Lucille Duffek Bolivar, 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.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 1 yr
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) METASTATIC CARCINOMA LUNGS		ANTECEDENT CAUSES			2 1/2 yr
DUE TO (b) CARCINOMA - RT. BREAST		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS			190x
Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
19b. MAJOR FINDINGS OF OPERATION					

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) (Min.)		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 19 Sept, 1949, to 20 Feb, 1950, that I last saw the deceased alive on 20 Feb, 1950, and that death occurred at 6 p.m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) Walter R. Robison, M.D.		23b. ADDRESS Bolivar, Mo.		23c. DATE SIGNED 2/23/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Feb. 24, 1950	24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	24d. LOCATION (City, town, or county) (State) Bolivar, Mo.		
DATE REC'D BY LOCAL REG. Feb 24, 1950	REGISTRAR'S SIGNATURE Ralph Gardner	25. FUNERAL DIRECTOR'S SIGNATURE Jewell Gardner	ADDRESS Turpin Funeral Home	25. ADDRESS Bolivar, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7;

District File Number 2-50-151

Date Filed 3-1-50

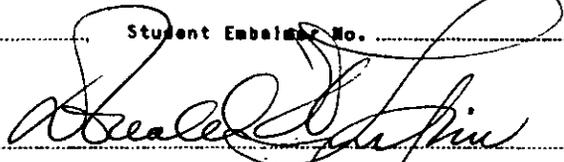
STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No. 3053

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.