

FILED MAY 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

133537

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249 Registrar's No. 20

0500  
 4

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

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HILLSBORO Mo</u>	c. LENGTH OF STAY (in this place) township) <u>2 Mo.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL ROCK TOWNSHIP</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CEDAR GROVE HOME</u>		d. STREET ADDRESS (If rural, give location) <u>NEAR IMPERIAL Mo 0500</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>NORA</u> b. (Middle) _____ c. (Last) <u>PELIKAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APR 14 1950</u>			
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED.</u>	8. DATE OF BIRTH <u>JULY 25 1885</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>19</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NAME</u>		11. BIRTHPLACE (State or foreign country) <u>MORGANTOWN KENTUCKY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>

13a. FATHER'S NAME <u>CITARLES HAAS</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH NAPIER</u>		14. NAME OF HUSBAND OR WIFE <u>GEORGE PELIKAN</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 ADDRESS <u>GEORGE PELIKAN, KIMMSWICK 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3-4 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of cervix with metastases to lung &amp; brain!</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>171X</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)	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 Dec 1, 1949, to April 14, 1950, that I last saw the deceased alive on April 19 50 and that death occurred at 12:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Thomas A. Donnell M.D.</u>	(Degree or title)	23b. ADDRESS <u>Desoto Mo.</u>	23c. DATE SIGNED <u>4-15-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>APR 17 50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CHRISTIAN CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>FREDERICKTOWN Mo.</u>

DATE REC'D BY LOCAL REG. <u>4-18-50</u>	REGISTRAR'S SIGNATURE <u>Arpleton Nardow 141</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>HEILIGTAG FUNERAL HOME KIMMSWICK Mo.</u>
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DATE RECEIVED 4-28-52  
JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

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. *3812*

P. O. Address \_\_\_\_\_

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.