

FILED MAR 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7784

BIRTH NO. 12952-51 REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 4087 Registrar's No. 11

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Carter</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Reynolds</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Van Buren</u> | c. LENGTH OF STAY (In this place) <u>2 days</u> | c. CITY (If outside corporate limits, write RURAL and give township) <u>Garwood (Rural)</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rusinski Hosp.</u> | | d. STREET ADDRESS (If rural, give location) | |

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|--|------------------------------|--|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>Lynn</u> c. (Last) <u>Nahodil</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>3-21-51</u> | | |
| 5. SEX <u>M.</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u> | 8. DATE OF BIRTH <u>3/19/51</u> | | 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 2 WKS. Hours Min. <u>2</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | | 11. BIRTHPLACE (State or foreign country) <u>Van Buren, Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

| | | | | | |
|---|--|--|--|---|--|
| 13a. FATHER'S NAME <u>Victor Nahodil</u> | | 13b. MOTHER'S MAIDEN NAME <u>Anna Lee Middleton</u> | | 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) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>no</u> | | 17. INFORMANT'S SIGNATURE AND ADDRESS <u>Victor Nahodil Garwood, Mo.</u> | |

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|--|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute circulatory failure</u> | | ANTECEDENT CAUSES | | 1 day | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Congenital malformation of S.H. tract and respiratory system</u> DUE TO (c) | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | 7562 | |

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|---|--|--|--|--|--|
| 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 3-7-51, 1951, to 3-21, 1951, that I last saw the deceased alive on 3-21, 1951, and that death occurred at 9:15 p. m., from the causes and on the date stated above.

| | | | | | |
|--|--|--|--|---|--|
| 23a. SIGNATURE (Degree or title) <u>Frank J. Rusinski, D.O.</u> | | 23b. ADDRESS <u>Van Buren, Mo.</u> | | 23c. DATE SIGNED <u>3-22-51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>3/22/51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Yarant</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Garwood (Rural) Mo</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Seaton Jewett Van Buren</u> | | | |
| DATE REC'D BY LOCAL REG. <u>Mar. 27-1951</u> | | REGISTRAR'S SIGNATURE <u>Mrs. Oleta Hensore</u> | | 50 | |

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

0190

RECEIVED

MAR 29 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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.....

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.