

FILED JUN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15773

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 245

1. PLACE OF DEATH

a. COUNTY Butler

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff

c. LENGTH OF STAY (in this place) 4 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Doctors Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri b. COUNTY Butler

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neelyville, Missouri 0120

d. STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED

a. (First) FRANK b. (Middle) c. (Last) ZADNICK, Sr.

4. DATE OF DEATH (Month) (Day) (Year) 5/26/1951

5. SEX Male 0 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /

8. DATE OF BIRTH 4/2/1883 9. AGE (In years last birthday) 68 IF UNDER 1 YEAR Months 1 DAY 24 IF UNDER 24 HOURS Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Austria 4 12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF ~~DECEASED~~ WIFE Anna Zadnick

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. _____ 17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna Zadnick Neelyville, Mo. ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

19. MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cardiac failure

DUE TO (c) Cerebral Hemorrhage

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 33X

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) SUICIDE HOMICIDE 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) (Minute) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-22-1951, to 5-26-51, 1951, that I last saw the deceased alive on 5-26-1951, and that death occurred at 8:14 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] MD 23b. ADDRESS Poplar Bluff, Missouri 23c. DATE SIGNED 5/29/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 5/28/1951 24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery 24d. LOCATION (City, town, or county) / (State) Poplar Bluff, Missouri

DATE REC'D BY LOCAL REG. June 4-1951 REGISTRAR'S SIGNATURE [Signature] 428 25. FUNERAL DIRECTOR'S SIGNATURE Greer Croy & Fitch Poplar Bluff, Mo. ADDRESS _____

(Licensed Embalmer's Statement on Reverse Side)

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

0124

RECEIVED

JUN 13 1951

BUTLER CO. HEALTH CENTER

FILE No. 651-267

REC'D JUN 23 1951

JUN 15 1951

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 Joseph B. Matlock
Licensed Embalmer No. 4824

P. O. Address Poplar Bluff

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.