

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9528**
Registrar's No. **235A**

FILED MAR 16 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5458

1. PLACE OF DEATH
a. COUNTY Greene

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Greene

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Walnut Grove, Rural c. LENGTH OF STAY (in this place) _____

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Walnut Grove - Route #2

d. FULL NAME OF HOSPITAL OR INSTITUTION Route #2 d. STREET ADDRESS (If rural, give location) Route #2 **0390**

3. NAME OF DECEASED
a. (First) FRANK b. (Middle) _____ c. (Last) STEHLIK

4. DATE OF DEATH (Month) (Day) (Year)
3 4 53

5. SEX Male **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** Widowed **8. DATE OF BIRTH** 9-18-1860

9. AGE (In years last birthday) 92 **10. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farming **11. BIRTHPLACE** (State or foreign country) Czechoslovakia **12. CITIZEN OF WHAT COUNTRY?** 6

13a. FATHER'S NAME Unknown **13b. MOTHER'S MAIDEN NAME** Unknown **14. NAME OF HUSBAND OR WIFE** Anna Stehlik

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No **16. SOCIAL SECURITY NO.** UNKNOWN **17. INFORMANT'S SIGNATURE OR NAME** Mrs. Mary Hanson **ADDRESS** Walnut Grove, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia - Thrombosis
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
DUE TO (b) Senility
DUE TO (c) Arteriosclerosis
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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

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** NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from Feb 26, 1953, to Feb 28, 1953, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. H. Bisher M.D. **23b. ADDRESS** Walnut Grove, Mo. **23c. DATE SIGNED** Feb 6-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** 3-6-53 **24c. NAME OF CEMETERY OR CREMATORY** Greenlawn **24d. LOCATION** (City, town, or county) (State) Walnut Grove, Missouri

DATE REC'D BY LOCAL REG. 3-9-53 **REGISTRAR'S SIGNATURE** Edith Williamson Registrar **25. GENERAL DIRECTOR'S SIGNATURE** Walter D. Brien - Daniel Walnut Grove Mo **ADDRESS** _____

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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.

Student
Student Embalmer

Signed

Wayne L. Samuel

..... Licensed Embalmer No. *4702*

P. O. Address *243 Grove - Wyo*

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. *13*