

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 15 1954

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3029 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jeff.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crystal City</u>		c. CITY OR TOWN <u>Crystal City</u>	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>High Street 1650/0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Michail</u>	b. (Middle)	c. (Last) <u>Foltin</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 4, 1954</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>Aug. 15, 1888</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Month <u>3</u> Day <u>19</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
-----------------	----------------------------	---	---------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during the year, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Czechoslovakia</u>	12. CITIZEN OF WHAT COUNTRY <input checked="" type="checkbox"/>
--	---	--	---

13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>
-----------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME (Address) <u>Frank Patek Crystal City, 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastric Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gastric Ulcer</u>		
	DUE TO (c)		
11. 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 <u>5400</u>	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) (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 Feb 3, 1954, to Feb 4, 1954, that I last saw the deceased alive on Feb 3, 1954, and that death occurred at 5:22 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Hamiltonford M.D.</u>	23b. ADDRESS <u>Crystal City Mo</u>	23c. DATE SIGNED <u>Feb 5 - 1954</u>
---	-------------------------------------	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>2-7-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ganeral</u>	24d. LOCATION (City, town, or county) (State) <u>Festus, Mo.</u>
---	-------------------------	---	--

DATE REC'D BY LOCAL REG. <u>2-5-54</u>	REGISTRAR'S SIGNATURE <u>Gentry R. Pollette</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Gentry R. Pollette</u>	ADDRESS <u>Crystal City, Mo.</u>
--	---	--	----------------------------------

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

FEB 10 1954

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.....
Signature of Student Embalmer

Signed.....
Henry R. Talbot

Licensed Embalmer No. *34*

P. O. Address *Crystal*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.