

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

9723

State File No.

BIRTH NO. **FILED APR 12 1954** REG. DIST. NO. **295** PRIMARY REG. DIST. NO. **4443** Registrar's No. **66**

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Huntsville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Huntsville	
c. LENGTH OF STAY (In this place) 45 yrs.		d. STREET ADDRESS (If rural, give location) none	
d. FULL NAME OF HOSPITAL OR INSTITUTION none			

3. NAME OF DECEASED (Type or Print) a. (First) Bettie b. (Middle) Charvenka c. (Last) Charvenka			4. DATE OF DEATH (Month) (Day) (Year) April 9 1954		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 4, 1882	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days 71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (State or foreign country) Czechoslovakia--Prague		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Don't know	13b. MOTHER'S MAIDEN NAME Margaret ?	14. NAME OF HUSBAND OR WIFE James Charvenka
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Felix Colo; RR#2; Moberly, Missouri

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 30 min 5 yr DK.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) arterio sclerosis		
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 331X	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) m.	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 Jan 2, 1947, to April 7, 1954, that I last saw the deceased alive on 4/7/54, 1954, and that death occurred at 12:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Dejeu M.D.	23b. ADDRESS Huntsville Mo.	23c. DATE SIGNED 4/10/54
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE April 11, 1954	24c. NAME OF CEMETERY OR CREMATORY Huntsville Cemetery
		24d. LOCATION (City, town, or county) (State) Huntsville, Missouri

DATE REC'D BY LOCAL REG. 4-10-54	REGISTRAR'S SIGNATURE Mary B. Bennett	492-35	25. FUNERAL DIRECTOR'S SIGNATURE I. B. Patton & Sons	ADDRESS Huntsville, Mo.
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(Licensed Embalmers' Statement on Reverse Side)

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

0580

No. 300
10.48

1951 9 11

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 Paul J. Patton

Licensed Embalmer No. 4095

P. O. Address Huntsville, Mo.

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.