

FILED OCT 11 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **30450**

BIRTH NO. _____		REG. DIST. NO. <u>143</u>	PRIMARY REG. DIST. NO. <u>4232</u>	Registrar's No. <u>29</u>
1. PLACE OF DEATH a. COUNTY <b>Howell</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Howell</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Willow Springs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Willow Springs</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>		d. STREET ADDRESS (If rural, give location) <b>402 N. Harris</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Stanley</b>		b. (Middle) <b>---</b>		c. (Last) <b>HORAK, Sr.</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 2, 1954</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 27, 1878</b>	9. AGE (In years last birthday) <b>76</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Railroad Employee</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Riverside, Iowa.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>John Horak</b>		13b. MOTHER'S MAIDEN NAME <b>Katherine Bleka</b>		14. NAME OF HUSBAND OR WIFE <b>Clara Horak</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>John Horak, Willow Springs, Mo.</b>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>PULMONARY EDEMA</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>MYOCARDIAL DECOMPENSATION</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>ACUTE 8 HRS</b> <b>CHRONIC</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4222</b>			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 <u>Jan 1951</u> , 19____, to <u>10-2-54</u> , that I last saw the deceased alive on <u>10-2-54</u> , 19____, and that death occurred at <u>3:30A m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <b>Dr. M. B. Perkins, M.D.</b>		23b. ADDRESS <b>Willow Springs, Mo.</b>		23c. DATE SIGNED <b>10-4-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-4-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Willow Springs, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>10/9/54</b>	REGISTRAR'S SIGNATURE <b>Marshall Ballard 387</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>BURNS FUNERAL HOME, WILLOW SPGS., MO.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 28 1954

OCT 26 1954

MAR 13 1957

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 *Fred W. Barnes*  
Fred W. Barnes

Licensed Embalmer No. 4614

P. O. Address Willow Springs, M

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.