

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37456

FILED DEC 7 1955

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon, Hudson Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Still-Hildreth Sanatorium</u>		d. STREET ADDRESS (If rural, give location) <u>1107-N-Centennial</u>	

3. NAME OF DECEASED (Type or Print) <u>Phyllis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 27 1955</u>		
a. (First)	b. (Middle)	c. (Last)	5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>
8. DATE OF BIRTH <u>May 15, 1872</u>	9. AGE (In years last birthday) <u>83</u>	10. KIND OF BUSINESS OR INDUSTRY <u>retired</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Croatia, Yugoslavia</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	13. AGE (In years last birthday) <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>surveyor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Croatia, Yugoslavia</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	13. AGE (In years last birthday) <u>6</u>	13. AGE (In years last birthday) <u>13</u>

13a. FATHER'S NAME <u>Anton Bubany</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Kauzlarich</u>		14. NAME OF HUSBAND OR WIFE <u>Anna</u>	
---	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>?</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Phillip Bubany, Kirkville, Mo</u>	
--	--	-------------------------------------	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary paralysis</u>		DUE TO (b) <u>Thrombotic encephalomalacia</u>			<u>few min.</u>
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (c) <u>Arteriosclerosis</u>			<u>5 days</u>
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<u>332x</u>			<u>several years</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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 Nov. 24, 1955, to Nov. 27, 1955, that I last saw the deceased alive on Nov. 27, 1955, and that death occurred at 9 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Nancy S. Still D.O.</u>		23b. ADDRESS <u>Macon, Missouri</u>		23c. DATE SIGNED <u>11/27/55</u>	
---	--	--	--	-------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-1-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kirkville, Mo.</u>	
--	--	-----------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. <u>11/28/55</u>		REGISTRAR'S SIGNATURE <u>Ruth M. Reel</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Christ &amp; Davis, Kirkville, Mo.</u>	
---	--	--	--	---	--

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 12.5.55  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 12.552.188  
Date Filed 12.6.55

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

*Robert B. Harris*

Licensed Embalmer No. ....

4219

P. O. Address Kirksville, Miss

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.