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FILED MAR 20 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10254**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **6022** Registrar's No. **22**

1. PLACE OF DEATH  
a. COUNTY **Ray**  
b. CITY OR TOWN **Henrietta**  
c. LENGTH OF STAY (in this place) **10 minutes**  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Illinois** b. COUNTY **Cook**  
c. CITY OR TOWN **Chicago**  
d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Aboard Santa Fe Train**  
e. STREET ADDRESS (If rural, give location) **4029 West 21st Street 81208**

3. NAME OF DECEASED  
a. (First) **JOHN** b. (Middle) **MONCEK** c. (Last) **MONCEK**  
4. DATE OF DEATH (Month) (Day) (Year) **Mar. 17, 1956**

5. SEX **Male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Sept 29-1895** 9. AGE (In years last birthday) **61** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Cook** 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and State or Foreign Country) **Czechslovakia** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **John Moncek** 13b. MOTHER'S MAIDEN NAME **Susanna (unknown)** 14. NAME OF HUSBAND OR WIFE **Josephine Moncek**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Unknown** 16. SOCIAL SECURITY NO. **323-01-8653** 17. INFORMANT'S SIGNATURE OR NAME **Josephine Moncek, Chicago, Ill.** ADDRESS \_\_\_\_\_

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Coronary Occlusion**  
INTERVAL BETWEEN ONSET AND DEATH Inst. \_\_\_\_\_  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES \_\_\_\_\_  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
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) **4201**

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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **6 A. m.**, from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) **Dr. J. H. Baber** 23b. ADDRESS **Coroner Richmond Mo** 23c. DATE SIGNED **3-17-56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **3-17-1956** 24c. NAME OF CEMETERY OR CREMATORY **Woodlawn Mem. Park** 24d. LOCATION (City, town, or county) (State) **Chicago, Illinois**

DATE REC'D BY LOCAL REG. **3-20-56** REGISTRAR'S SIGNATURE **Byrd A. Bridges** 25. FUNERAL DIRECTOR'S SIGNATURE **Thomas J. Carter** ADDRESS **Richmond, Mo**

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 27 1956

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..... *Thomas J. Carter* .....

Licensed Embalmer No. *44*

P. O. Address..... *Richm* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.