

Health, Welfare and Public Service
 100-56
 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAR 4 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **3798**

Registration District No. **42** Primary Registration District No. **1000** Registrar's No. **200**

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
a. COUNTY Buchanan		b. CITY (If outside corporate limits, give TOWNSHIP only) St. Joseph		a. STATE Missouri		b. COUNTY Buchanan			
c. FULL NAME OF (If NOT in hospital, give location) St. Josephs Hospital		Length of stay in lb lifetime		c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Mary Middle Ann Last Novak				4. DATE OF DEATH February 23, 1957.					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH December 3, 1956.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home		10b. KIND OF BUSINESS OR INDUSTRY Infant		9. AGE (In years last birthday) 2 Months 20 Days		11. BIRTHPLACE (City and state or country) St. Joseph, Missouri.			
13. FATHER'S NAME Johnny Joseph Novak				12. CITIZEN OF WHAT COUNTRY? USA					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				14. MOTHER'S MAIDEN NAME Marie Woods		17. INFORMANT J. J. Novak Address St. Joseph, Missouri.			
16. SOCIAL SECURITY NO. none				18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congenital Cervical myelomeningocele Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 751X				INTERVAL BETWEEN ONSET AND DEATH Life	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) /			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION St. Joseph, Missouri			
21. I attended the deceased from 12/3/56 to 2/23/57 and last saw her/him alive on 2/23/57 Death occurred at 6:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.				19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
22a. SIGNATURE (Degree or title) H. W. Wachter M.D.				22b. ADDRESS Kennett, Mo.		22c. DATE SIGNED 2/26/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Febr. 25, 1957.		23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.			
24. FUNERAL DIRECTOR Meierhoffer-Fleeman, Inc., St. Joseph, Mo.				25. DATE RECD. BY LOCAL REG. Feb. 28, 1957		26. REGISTRAR'S SIGNATURE Kathleen M. Allison			

(Licensed Embalmer's Statement on Reverse Side)

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.....
John J. Blane

Licensed Embalmer No. 467

P. O. Address St. Joseph,

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.