

FILED JUN 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH57 0 2 2790
STATE FILE NUMBER 3600

Registration District No. 318 Primary Registration District 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institutions: Residence before admission) a. STATE <u>ILL.</u> b. COUNTY <u>CHRISTIAN</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST LOUIS</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>PANA</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE <u>04 BARNES HOSP 2 1/2 WKS</u>				Length of stay in lb <u>3 1/2</u>		d. STREET ADDRESS (If outside, give location) <u>505 N. ELM</u>	
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>ONDERKO</u> Last				4. DATE OF DEATH Month <u>JUNE</u> Day <u>15</u> Year <u>1957</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>AUG 17 1894</u>		9. AGE (In years last birthday) <u>62</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>COAL MINE</u>		11. BIRTHPLACE (City and state or country) <u>PENN</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>STEVE ONDERKO</u>				14. MOTHER'S MAIDEN NAME <u>ANNA SHINKO</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES W W I</u>		16. SOCIAL SECURITY NO. <u>344 03 6279</u>		17. INFORMANT <u>Helen Onderko</u>		Address <u>Pana, Ill</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>1. Hemothorax, left; 2 Chyle Thorax, right; 3. Atelectasis of Lungs; 4. Multiple fractures, suffered while working in #7 W. Haulage Road, #17 Mine Peabody Coal Co., Pana, Illinois when a piece of</u> DUE TO (b) <u>slate slipped from roof of mine, pinning deceased to floor, about 1:00 P.M.</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>slate slipped from roof of mine, pinning deceased to floor, about 1:00 P.M.</u>							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" 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.) <u>April 27, 1957. ACCIDENT. E 910.2</u>					
20c. TIME OF INJURY Hour <u>1:00</u> Month, Day, Year <u>4 27 57</u> p. m.		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, m. factory, street, mine, etc.) <u>Coal Mine</u>		20f. CITY, TOWN, OR LOCATION <u>Pana Illinois</u>		STATE <u>ILL</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>817 A</u> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Patrick Taylor Corcoran</u> (Degree or title)				22b. ADDRESS <u>1300 Clark</u>		22c. DATE SIGNED <u>6 15 57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>JUN 17 57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CAL VARY</u>		23d. LOCATION (City, town, or county) (State) <u>PANA TWP, ILL</u>		
24. FUNERAL DIRECTOR <u>D. J. KENNEDY & SONS - PANNA ILL</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>JUN 17 57</u>		26. REGISTRAR'S SIGNATURE <u>J. Paul Smith, M.D.</u>	

(Licensed Embalmer's Statement on Reverse Side)

alth,
elfare
blic
ervice000
-56

disease in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 NOT EMBALMED, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed G. J. Kennedy
Licensed Embalmer No. 53

P. O. Address PANA. IA

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.