

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016722

STATE FILE NUMBER

FILED MAY 12 1958

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1184

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1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Murphy	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION County Hospital	Length of stay in 1b DOA	d. STREET ADDRESS (If outside, give location) #12 Meadow Dr.	Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Daniel M. Sokolic			4. DATE OF DEATH Month Day Year April 28 1958		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 11, 1927	9. AGE (In years last birthday) 30	IF FUNDER 1 YEAR Months Days 0 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) lineman		10b. KIND OF BUSINESS OR INDUSTRY Bell Telephone	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Joseph Sokolic		13b. MOTHER'S MAIDEN NAME Ann Jovanovic		14. NAME OF HUSBAND OR WIFE Connie	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) yes WW-II		16. SOCIAL SECURITY NO. 495-24-1846		17. INFORMANT Address Connie Sokolic Murphy, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular fibrillation due to electrocution			INTERVAL BETWEEN ONSET AND DEATH
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) E914.5			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.) Electrocuted when derrick on truck he was operating came in contact with a 7200 volt wire	
20c. TIME OF INJURY 11:30 a.m. 4/28/58			
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) public road	20f. CITY, TOWN, OR LOCATION COUNTY STATE Rural St. Louis 400 Mo.	

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Clayton M. Hancock 3 Coroner	22b. ADDRESS Clayton, Mo.	22c. DATE SIGNED 5/1/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 5/1/1958	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	23d. LOCATION (City, town, or county) (Specify) St. Louis Co., Mo.
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24. FUNERAL DIRECTOR ADDRESS J L Ziegenhein & Sons 7027 Gravois	25. DATE RECD. BY LOCAL REG. 4-30-58	26. REGISTRAR'S SIGNATURE Herbert B. Donle MD
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

87.

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 *E. P. Kadinell*

Licensed Embalmer No. *3937*

P. O. Address *7027*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.