

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000665

STATE FILE NUMBER

FILED JAN 30 1959

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 31

5. 300 /  
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		c. CITY OR TOWN Jefferson City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 310 N. State St.		d. STREET ADDRESS (If outside, give location) 310 N. State St.	
3. NAME OF DECEASED (Type or print) First Middle Last MRS. MARI FRUSTED		4. DATE OF DEATH Month Day Year January 20, 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 19, 1912
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant Operator		10b. KIND OF BUSINESS OR INDUSTRY Restaurant	11. BIRTHPLACE (City and state or country) Cicero, Illinois
13a. FATHER'S NAME Stephen Hovak		13b. MOTHER'S MAIDEN NAME Mrs. Mary Svitak	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 324-10-0061	17. INFORMANT Miss Barbara Davis 101 Monroe St., Cicero, Ill.
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>gastric hemorrhage</u> <u>duodenal ulcer</u> 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) 5410			INTERVAL BETWEEN ONSET AND DEATH 10 minutes 3 years
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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE	
21. I attended the deceased from <u>1/10/56</u> to <u>1/28/59</u> and last saw <u>her</u> alive on <u>1/27/59</u> Death occurred at <u>11:00 P. M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>70 Kanagawa MD</u>		22b. ADDRESS <u>515 E High St</u>	
22c. DATE SIGNED <u>1/29/59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 2, 1959	
23c. NAME OF CEMETERY OR CREMATORY Cicero Cemetery		23d. LOCATION (City, town, or county) (State) Cicero, Illinois	
24. FUNERAL DIRECTOR <u>Victor Buescher</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>30 January 1959</u>	
26. REGISTRAR'S SIGNATURE <u>R. P. Davis, M.D. - MR</u> (Licensed Embalmer's Statement on Reverse Side)			

JAN 30 1939

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 *Victor Buesch* .....

Licensed Embalmer No. *370* .....  
P. O. Address *gcm* .....

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.