

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039777

FILED VS. NOV 30 1959

133

Primary Registration District No.

148

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Gainsville	Length of stay in 1b 14 years	c. CITY OR TOWN Gainsville	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Own home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Lillie Middle Rose Last Sobotka			4. DATE OF DEATH Month November Day 23 Year 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 12-31-1883	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Mercer County, Mo.	12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME John Rouse		13b. MOTHER'S MAIDEN NAME Anna Mlika		14. NAME OF HUSBAND OR WIFE Charley Sobotka. (Deceased)	
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. None	17. INFORMANT Address Mrs. Walter Sobotka, Ridgeway, 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) Coronary Occlusion	INTERVAL BETWEEN ONSET AND DEATH 7 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Coronary Arteriosclerosis and Myocarditis	5-6 years
DUE TO (c) Generalized Arteriosclerosis	Several years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I.
Was afflicted with frequent attacks of angina pectoris

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter cause of death in PART I or PART II of item 18.) not accidental, suicidal or homicidal
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	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, farm, factory, street, office bldg., etc.) not due to injury
20f. CITY, TOWN, OR LOCATION	COUNTY	STATE

21. I attended the deceased from **9-17-56** to **11-22-59** and last saw her alive on **11-22-79**
Death occurred at **6:00** a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) William D. [Signature]		22b. ADDRESS Cainsville, Mo.		22c. DATE SIGNED 11-23-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-25-59	23c. NAME OF CEMETERY OR CREMATORY Bohemian Cemetery	23d. LOCATION (City, town, or county) (State) RFD Ridgeway, Mo.		

24. GENERAL DIRECTOR [Signature]	ADDRESS Cainsville, Mo.	25. DATE RECD. BY LOCAL REG. 11-24-1959	26. REGISTRAR'S SIGNATURE Zella Maxey		
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

AFFIDAVIT OF

JUL 28 1960

JUL 29 1960

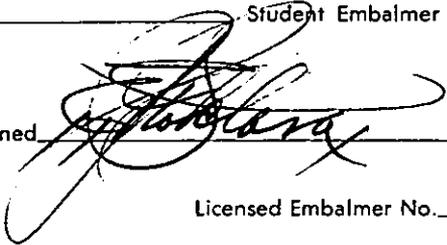
JAN 13 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by dr/bv Eddie J. Stoklasa Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed  Student Embalmer No. _____

Licensed Embalmer No. 3602

P. O. Address Cainsville, Mo.

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.