

FEDERAL BUREAU OF INVESTIGATION
 FBI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-039100

FILED VS OCT 24 1960

STATE FILE NUMBER

Registration District No. 231 Primary Registration District No. 5813 Registrar's No. 52

INDEXED

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Montgomery	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Upper Loutre Twp.	Length of stay in 1b	c. CITY OR TOWN Upper Loutre twp.	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION RR#2, Wellsville, Mo.	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RR #2, Wellsville Mo	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) HENRY EDWARD STANEK			4. DATE OF DEATH Month Oct. Day 10, Year 1960	
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5. SEX Male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Dec. 11, 1882	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months 9 Days 29	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer	10b. KIND OF BUSINESS OR INDUSTRY general farming	11. BIRTHPLACE (City and state or country) Lincoln Co, Mo	12. CITIZEN OF WHAT COUNTRY U S A
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13a. FATHER'S NAME Frank Stanek	13b. MOTHER'S MAIDEN NAME Josephine Tampa	14. NAME OF HUSBAND OR WIFE Annie Folta Stanek
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Annie Folta Stanek, Wellsville	Address
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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 heart disease with edema 6 years		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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N: <input type="checkbox"/> Unknown	
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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 nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m. 	Month, Day, Year
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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	COUNTY	STATE
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21. I attended the deceased from **4-9-54** to **10-10-60** and last saw ^{her}him alive on **10-10-60**
 Death occurred at **2:00** **Pm** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>J. W. [Signature]</i>	(Deputy or title)	22b. ADDRESS Mo. Wellsville, Missouri	22c. DATE SIGNED 10-12-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 13, 1960	23c. NAME OF CEMETERY OR CREMATORY St. Joseph Cemetery Martinsburg, Mo	23d. LOCATION (City, town, or county) 	(State)
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24. FUNERAL DIRECTOR Wells Funeral Home, Wellsville, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. Oct 12-1960	26. REGISTRAR'S SIGNATURE <i>Laura B Callaway</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Howard Taylor

Licensed Embalmer No. 4494

P. O. Address Wellsville, 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.