

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007041

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 172 Primary Registration District No. 4269 Registrar's No. 14

AMENDED

Registration District No. 172
FILED FEB 28 1962

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

3. NAME OF DECEASED (Type or print) First Middle Last <u>William James Hajek</u>			4. DATE OF DEATH Month Day Year <u>2 21 1962</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>4-26-1902</u>	9. AGE (last birthday) <u>59</u>	IF UNDER 1 YEAR Months Days Hours Min. <u>9 25</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Music service</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Music</u>		11. BIRTHPLACE (City and state or country) <u>New York City, N. Y.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Vince Hajek</u>			13b. MOTHER'S MAIDEN NAME <u>Katherine</u>			14. NAME OF HUSBAND OR WIFE <u>Mary ann Cross Hajek</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes 1920-1923</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT <u>Mrs. Mary A. Hajek</u>		Address <u>Corder, Mo.</u>	
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive Cardiac Failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 WKS</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Advanced pulmonary Emphysema</u>			<u>5 YRS.</u>			
DUE TO (c) <u>CHRONIC BRONCHIAL Asthma</u>			<u>5 YRS.</u>			
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"/> No <input type="checkbox"/> 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 nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		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	

21. I attended the deceased from Dec. 26, 1961 to Feb. 21, 1962 and last saw ^{her}him alive on Feb. 21, 1962
 Death occurred at 3:00 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Print or title) <u>Edwin Wilson, D.O.</u>		22b. ADDRESS <u>1815 Main, Higginsville, Mo</u>		22c. DATE SIGNED <u>2/23/62</u>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2-23-1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		23d. LOCATION (City, town, or county) (State) <u>Corder, Missouri</u>	
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24. FUNERAL DIRECTOR <u>Forrest A. Hoefler</u>		ADDRESS <u>Higginsville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Feb. 26, 1962</u>		26. REGISTRAR'S SIGNATURE <u>Lucie Gordon Jordan</u>	
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

MAR 1 1962

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 Forest R. Hoefler

Licensed Embalmer No. 480I

P. O. Address Higginsville, 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.