

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034143

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8492** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 29 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if in institution, Residence before admission)	
a. COUNTY St. Louis		a. STATE Missouri COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO		c. CITY OR TOWN St. Louis	
Length of stay in lb 2 Days		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1		d. STREET ADDRESS (If outside, give location) 1304 St. Louis Ave.	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Mary Christon Graves Stazak		4. DATE OF DEATH 8/13/63	
5. SEX Female		6. DATE OF BIRTH 12/16/08	
7. COLOR OR RACE Caucasian		8. AGE (last birthday) 44	
9. MARRIAGE STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory Worker-Waitress		10b. KIND OF BUSINESS OR INDUSTRY Auto	
11. BIRTHPLACE (City and state or country) New Albany, Miss.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Thomas J. Graves		13b. MOTHER'S MAIDEN NAME Ora Archer	
14. NAME OF HUSBAND OR WIFE Pete Stazak		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. INFORMANT Frank C. Cheek		17. ADDRESS 1304 St. Louis St. Louis, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		18. INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Shock			
DUE TO (b) hepatic coma 58/11			
DUE TO (c) Lannac's Cirrhosis			
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 checked="" 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	
20g. STATE			
21. I attended the deceased from 8/11/63 to 8/13/63 and last saw her/him alive on 8/13/63		Death occurred at 6:35 P. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) M. Spolnych M.D.		22b. ADDRESS 1515 LAFAYETTE AVE.	
22c. DATE SIGNED 8/13/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/16/63	
23c. NAME OF CEMETERY OR CREMATORY Oakridge Cemetery		23d. LOCATION (City, town, or county) Kennett, Mo.	
24. FUNERAL DIRECTOR Emerson's Baldwin F.H.-Kennett, Mo		25. DATE RECD. BY LOCAL REG. AUG 21 1963	
ADDRESS		REGISTRAR'S SIGNATURE Road South. M.D.	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59

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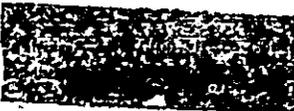
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12-10-88

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SEP 4 1963



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 *Jan J. Emmer*

Licensed Embalmer No. 5148

P. O. Address Leawards, 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.