

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-042733

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 374

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10017

20010

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Adair</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kirkville</b>		Length of stay in lb <b>13 months</b>	c. CITY OR TOWN <b>Novinger</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Nursing Home # 2</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>RFD #1</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Joseph Vlahovich</b>			4. DATE OF DEATH Month <b>Nov.</b> Day <b>17,</b> Year <b>1963</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-19-1881</b>
9. AGE (last birthday) <b>82</b>		IF UNDER 1 YEAR Months <b>82</b>	IF UNDER 24 HR. Days <b>82</b> Hours <b>82</b> Min. <b>82</b>
10a. USUAL OCCUPATION (Give kind of work done or type of working life, even if retired) <b>retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mining</b>	11. BIRTHPLACE (City and state or country) <b>Markolp, Yugoslavia</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13. FATHER'S NAME <b>George Vlahovich</b>	
14. MOTHER'S MAIDEN NAME <b>Catherine Starchevich,</b>		15. NAME OF HUSBAND OR WIFE <b>Mary Budiselich Vlahovich</b>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <b>NO</b> or unknown) (If yes, give war or dates of service) <b>NO</b>		17. SOCIAL SECURITY NO. <b>Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coccyx et debilitation weeks</b>		INTERVAL BETWEEN ONSET AND DEATH <b>months</b>	
DUE TO (b) <b>Chronic dysphagia</b>		DUE TO (c) <b>Odenocarcinoma of Left Parotid gland, unknown</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Generalized Arteriosclerosis</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 <b>11:30</b> Month, Day, Year <b>Nov. 16, 1963</b>		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 <b>Kirkville</b> COUNTY STATE	
21. I attended the deceased from <b>September 1962</b> to <b>November 1963</b> and last saw him alive on <b>Nov. 16, 1963</b> Death occurred at <b>11:30</b> <b>A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>George H. Scheurer, MD</b>		22b. ADDRESS <b>Kirkville</b>	
22c. DATE SIGNED <b>11-18-63</b>		23. NAME OF CEMETERY OR CREMATORY <b>Novinger Cemetery</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11-21-1963</b>	
23c. LOCATION (City, town, or county) <b>Novinger, Mo.</b>		23d. LOCATION (City, town, or county) <b>Novinger, Mo.</b>	
24. FUNERAL DIRECTOR <b>Dep Riley Funeral Home, 415 N. Franklin</b>		25. DATE RECD. BY LOCAL REG. <b>11-19-1963</b>	
26. REGISTRAR'S SIGNATURE <b>W. K. Jackson</b>		27. REGISTRAR'S SIGNATURE <b>Dora W. Ratliff</b>	

No permit issued

GEORGE H. SCHUBERT, D.D.

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 Larry Jackson

Licensed Embalmer No. 5158

P.O. Address Kirkville, 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.

*George H. Schubert, D.D.*  
*Larry Jackson*

11-18-11

11-18-11