

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0052343

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 53

FILED FEB 14 1967

VS 300
Rev. 4/59

10940

20940

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99047

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Township		Length of stay in 1b 18Y; 11M; 11das.	c. CITY OR TOWN Desloge
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 4		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Desloge, Missouri
3. NAME OF DECEASED (Type or print) OLGA ZIEBA		4. DATE OF DEATH Month December Day 29 Year 1966	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct. 22, 1908
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 58
13a. FATHER'S NAME Nicholas Zieba		13b. MOTHER'S MAIDEN NAME Fannie Repak	14. NAME OF HUSBAND OR WIFE None
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 Records, State Hospital No. 4, Farmington, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture + subluxation of Cervical Vertebral bodies			INTERVAL BETWEEN ONSET AND DEATH 17 hrs & 1
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) Fracture of 2nd, 3rd, 4th, and 5th Ribs Pulmonary Atelectasis, edema + Congestion			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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Patient fell in ward at State Hosp #4	
20c. TIME OF INJURY 11:00 a.m.	Month, Day, Year DEC 28, 1966		
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) STATE HOSPITAL	20f. CITY, TOWN, OR LOCATION FARMINGTON	COUNTY ST FRANCOIS STATE MO.
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 4:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ted Boyer Coroner		22b. ADDRESS Boyer Terry Mo	22c. DATE SIGNED 2-6-67
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 31, 1966	23c. NAME OF CEMETERY OR CREMATORY Russian-Orthodox Cemetery	23d. LOCATION (City, town, or county) (State) Flat River, Missouri
24. FUNERAL DIRECTOR C.Z. Boyer & Son, Inc., Desloge, Mo.		25. DATE RECD. BY LOCAL REG. Feb. 6, 1967	26. REGISTRAR'S SIGNATURE Eather Rudloff

USE BLACK INK FOR TYPEWRITER RIBBON

Burial Permit issued Dec 31-64

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 *B. T. Boyer*

Licensed Embalmer No. *3660*

P. O. Address *Deale, Md*

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.