

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20633

State File No. _____

FILED JUN 29 1949

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 4446 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harden</u> /		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lingo</u> <u>0</u>	
c. LENGTH OF STAY (In this place) <u>2 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>General Delivery</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Harden Mo.</u>			

3. NAME OF DECEASED (Type or Print) <u>JOSEPH</u>	a. (First)	b. (Middle) <u>-</u>	c. (Last) <u>PAVLOVICH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 24 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar. 5 1860</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months <u>3</u>	IF UNDER 1 YEAR Days <u>19</u>	IF UNDER 1 Hrs. Hours <u>-</u>	IF UNDER 1 Hrs. Min. <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>miner coal</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Czechoslovakia</u> <u>6</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Frank Pavlovich</u>	13b. MOTHER'S MAIDEN NAME <u>Marie Plesmith</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, so, or unknown) <u>no</u>	(If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Victoria Still</u>	ADDRESS <u>Harden Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerosis - right</u>		
	CORONARY THROMBOSIS <u>Coronary thrombotic stroke Nov 29-1948 left side</u>		
ANTECEDENT CAUSES <u>Jan 21-24 - Paralytic Right side</u>		DUE TO (b) <u>Myo Carditis -</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Hardenings of arteries</u>	
II. OTHER SIGNIFICANT CONDITIONS <u>General Debility</u>		Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov 29, 1948, to June 24, 1949, that I last saw the deceased alive on Jan 24, 1949, and that death occurred at 1:09 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Margaret Emma White</u>	(Degree or title) <u>0</u>	23b. ADDRESS <u>Harden Mo</u>	23c. DATE SIGNED <u>6/24/1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 26 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lingo Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lingo Mo.</u>
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DATE REC'D BY LOCAL REG. <u>June 24-1949</u>	REGISTRAR'S SIGNATURE <u>Mabel Jackson</u>	273	25. FUNERAL DIRECTOR'S SIGNATURE <u>F. L. Schreyer</u>	ADDRESS <u>Mauldin Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

JUN 28

District Health Officer No. 61

District File Number _____

Date Filed 6-28-49

JUL 2 3 1949

JUN 30 1949

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 none

Student Embalmer No. none

working under my personal supervision.

Student none
Student Embalmer

Signed Francis Lee Schaberg

Licensed Embalmer No. 4513

P. O. Address Marceline Dr

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.