

FILED JUN 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20422**

BIRTH NO. _____ REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 5880 Registrar's No. 12

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

1. PLACE OF DEATH a. COUNTY <u>Osage</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>County</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Crawford Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Crawford Twp</u>	
c. LENGTH OF STAY (In this place) <u>47 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Linn, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>			

3. NAME OF DECEASED (Type or Print) <u>Gertrude</u> a. (First) <u>-</u> b. (Middle) <u>-</u> c. (Last) <u>Pinet</u>			4. DATE OF DEATH <u>June 2, 1949</u> (Month) (Day) (Year)		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 9th, 1880</u>		9. AGE (In years last birthday) <u>68</u>		10. IF UNDER 1 YEAR Days <u>11</u> Hours <u>23</u>		11. IF UNDER 14 HRS. Hours <u>0</u> Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <u>Boose Creek, Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>			
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13a. FATHER'S NAME <u>Wm Puetz</u>				13b. MOTHER'S MAIDEN NAME <u>U K.</u>				14. NAME OF HUSBAND OR WIFE <u>John Pinet</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (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>John Pinet, Linn, Mo.</u>				ADDRESS			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage</u> DUE TO (c) <u>Chronic myocardonis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pneumonia</u>										INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u> <u>2 1/2 days</u> <u>33 1/2 y</u>	
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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) (Min)		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 1944, to 6-2-1949, that I last saw the deceased alive on 6-2-1949, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Norman W. Baldwin D.O.</u>				23b. ADDRESS <u>Linn, Mo.</u>				23c. DATE SIGNED <u>6/4/49</u>			
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 4th, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>		24d. LOCATION (City, town, or county) (State) <u>Linn, Mo. R.D.</u>	
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DATE REC'D BY LOCAL REG. <u>6/6/49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>[Address]</u>	
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RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 16 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Vernon M. Morton

Signed _____
Student Embalmer

Licensed Embalmer No. 4125

P. O. Address Lower

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