

FILED SEP 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29712

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>80</u>		PRIMARY REG. DIST. NO. <u>5307</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lohman</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lohman</u>		2 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>				d. STREET ADDRESS (If rural, give location) <u>Southwest of Lohman</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u>			b. (Middle) <u>Margaret</u>		c. (Last) <u>Pistel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 12 49</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Oct. 23 1867</u>		9. AGE (In years last birthday) <u>81</u>	10. UNDER 1 YEAR Months <u>10</u>	11. UNDER 1 HRs. Days <u>19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Cole County, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>John Pistel</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Margaret Schwartz</u>		14. NAME OF HUSBAND OR WIFE		
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>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Adam Pistel - Lohman, Mo</u>		ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Malignant Hypertension</u>				<u>Incl.</u>	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>331X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to <u>Sept 12, 19 49</u> , that I last saw the deceased alive on <u>Sept 12, 19 49</u> , and that death occurred at <u>3:00 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. M. Ehrhart D.O.</u>				23b. ADDRESS <u>Russellville</u>		23c. DATE SIGNED <u>9/13/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-15-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul's Lohman</u>		24d. LOCATION (City, town, or county) (State) <u>Lohman Cole County, Mo</u>		
DATE REC'D BY LOCAL REG. <u>Sept. 18</u>		REGISTRAR'S SIGNATURE <u>Mrs. Minnie Pittman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugo H. Schubert</u>		ADDRESS <u>Russellville</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

District File Number _____
District Health Officer No. 9,
RECEIVED
SEP 20 1949

APR 2 1957

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
Student Embalmer

Signed _____

Licensed Embalmer No. 9820

P. O. Address _____

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.