

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33162**  
Registrar's No. **35**

FILED NOV 10 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **118** PRIMARY REG. DIST. NO. **5438**

0370

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

1. PLACE OF DEATH a. COUNTY <b>Gasconade</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Gasconade</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Brush Creek</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Brush Creek Twp.</b>	
c. LENGTH OF STAY (in this place) <b>lifetime</b>		d. STREET ADDRESS (If rural, give location) <b>Rosebud, Mo. Rt. 0370</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rosebud, Mo. Rt.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Joseph</b> b. (Middle) <b>Vincent</b> c. (Last) <b>Piofcyk</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 11, 1951</b>		
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>March 19, 1874</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own farm</b>	11. BIRTHPLACE (State or foreign country) <b>Pawonkaw, Germany</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Frank Piofcyk</b>	13b. MOTHER'S MAIDEN NAME <b>Magdalena Wyzgala</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Mertle Piofcyk</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Mary Piofcyk</b>	ADDRESS <b>Rosebud, Mo.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Rt. Hemiplegia</b>		<b>4 wks.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Thrombosis</b> DUE TO (c) <b>Arteriosclerosis, advanced</b>		<b>4 wks.</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>332X</b>	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)
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?

22. I hereby certify that I attended the deceased from **9-13, 1951**, to **10-11, 1951**, that I last saw the deceased alive on **10-10, 1951**, and that death occurred at **4:45a** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Paula B. Brown M.D.</b>	23b. ADDRESS <b>Owensville, Mo.</b>	23c. DATE SIGNED <b>11-12-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-13-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Catholic Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Owensville, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Oct 20, 1951</b>	REGISTRAR'S SIGNATURE <b>Dorothy Halladay</b>	363	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wilford J. Winter</b>	ADDRESS <b>OWENSVILLE</b>
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File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

NOV - 8 1951

RECEIVED

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 Me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Malcolm A. Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

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.