

FILED FEB 16 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8488

BIRTH NO. _____ REG. DIST. NO. 349 PRIMARY REG. DIST. NO. 6185 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Sullivan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Sullivan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Union Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Union Twp.	
c. LENGTH OF STAY (In this place) 2 yrs.		d. STREET ADDRESS (If rural, give location) 12 mi. SW Green City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 3, Milan			
3. NAME OF DECEASED (Type or Print) a. (First) Albert		b. (Middle) Fredrick	
		c. (Last) Pieske	
4. DATE OF DEATH (Month) (Day) (Year) Feb. 2, 1953			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 13, 1877
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming	
11. BIRTHPLACE (State or foreign country) Minnesota		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Karl Pieske		13b. MOTHER'S MAIDEN NAME Wilhelmina Conrad	
14. NAME OF HUSBAND OR WIFE Louise Pieske			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 517-16-4812	
17. INFORMANT'S SIGNATURE OR NAME George Pieske, Route 3, Milan, Mo.		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) CORONARY Sclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 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 Feb 2, 1953 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1 P. M. , from the causes and on the date stated above.			
23a. SIGNATURE R. D. Smith (Degree or title) D.O.		23b. ADDRESS Green City, Mo.	
23c. DATE SIGNED Feb 2, 1953			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 6, 1953	24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery	24d. LOCATION (City, town, or county) (State) Sullivan County, Mo.
DATE REC'D BY LOCAL REG. Feb. 10, 1953	REGISTRAR'S SIGNATURE Laura M. Peatlat	25. FUNERAL DIRECTOR'S SIGNATURE Allen E. Kent & Son, Green City, Mo. ADDRESS	

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

1050
1

name of deceased _____
 date of death _____
 place of death _____
 name of funeral home _____
 address of funeral home _____
 city and state _____
 name of embalmer _____
 address of embalmer _____
 city and state _____
 name of embalmer _____
 address of embalmer _____
 city and state _____

OCT 13 1958

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 Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, Mo.

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.