

FILED AUG 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23992

BIRTH NO. _____		REG. DIST. NO. <u>278</u>		PRIMARY REG. DIST. NO. <u>3054</u>		Registrar's No. <u>911</u>	
1. PLACE OF DEATH a. COUNTY <u>Pike</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Pike</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Louisiana</u>		c. LENGTH OF STAY (in this place or township) <u>3 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		d. STREET ADDRESS (If rural, give location) <u>0820</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mineral Spring Hospital</u>				e. R. F. D. # <u>2</u> , <u>Ernakford, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Pearl</u>		b. (Middle) _____		c. (Last) <u>Kritzer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 29, 1954</u>	
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>Oct. 26, 1887</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>3</u>	IF UNDER 24 HRS. Hours _____ Min. _____
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>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Ewing B. Powell</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Smallwood</u>		14. NAME OF HUSBAND OR WIFE <u>Andrew J. Kritzer</u>			
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 #2 ADDRESS <u>Mr. Andrew J. Kritzer, Frankford, Mo</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Bowel obstruction</u> ANTECEDENT CAUSES <u>Forbidd conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Pelvic mass</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Decompensating heart disease</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u> <u>2 yrs</u>	
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 <u>7-26</u> , 19 <u>54</u> to <u>7-29</u> , 19 <u>54</u> that I last saw the deceased alive on <u>July 29, 1954</u> and that death occurred at <u>3:30A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>David L. Bilyea, D.O.</u>				23b. ADDRESS <u>Louisiana, Mo.</u>		23c. DATE SIGNED <u>July 30, 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/31/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Shelbina, Missouri</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>July 31, 54</u> <u>Bernice Collier</u>		-374		25. FUNERAL DIRECTOR'S SIGNATURE <u>George Stagner</u>		ADDRESS <u>Louisiana, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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, XXX

~~Student Embalmer No.~~

working under my personal supervision.

Student
Student Embalmer

Signed

George O. Hagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.