

5. No. 300
V. 10.48

FILED NOV 5 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33539

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 493 Registrar's No. 28

0374

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

1. PLACE OF DEATH a. COUNTY <u>GASCONADE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GASCONADE</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HERMANN</u>		c. LENGTH OF STAY (In this place) <u>3 1/2 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HERMANN</u>		d. STREET ADDRESS (If rural, give location) <u>WHARF ST.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WHARF ST.</u>			d. STREET ADDRESS (If rural, give location) <u>WHARF ST.</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>RAYMOND</u> b. (Middle) <u>FRANK</u> c. (Last) <u>PUES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 28, 1954</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>MAY 14, 1908</u>	9. AGE (In years last birthday) <u>48</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LOCKER PLANT MGR.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LOCKER PLANT</u>		11. BIRTHPLACE (State or foreign country) <u>WASHINGTON Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>Wm PUES</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH CASTROP</u>		14. NAME OF HUSBAND OR WIFE _____			
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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>Yes WW#2</u>		16. SOCIAL SECURITY NO. <u>492-10-8399</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>WALTER PUES HERMANN MO</u>			
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY Thrombosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>(Found dead in bed)</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>						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) m.			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 about 19, to _____, 19____, that I last saw the deceased alive on 10/28, 1954, and that death occurred at 2:30 am., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>August Bremer Coronar</u>		23b. ADDRESS <u>HERMANN MO</u>		23c. DATE SIGNED <u>10-29-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>NOV. 2, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. FRANCIS BORGIA</u>		24d. LOCATION (City, town, or county) (State) <u>WASHINGTON MO.</u>	
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DATE REC'D BY LOCAL REG. <u>10-30-54</u>		REGISTRAR'S SIGNATURE <u>Deluca Gerken</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>August Bremer HERMANN MO</u>	
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APR 26 1956

NOV 5 1956

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 Chas. H. Pope

Licensed Embalmer No. 2552

P. O. Address Hermon, 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.