

FILED APR 18 1955

STANDARD CERTIFICATE OF DEATH

State File No. 11522

BIRTH NO. _____ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 5438 Registrar's No. 15

0370

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) <u>Rural Brush Creek</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Brush Creek Twp.</u>	
c. LENGTH OF STAY (in this place) <u>41 years</u>		d. STREET ADDRESS (If rural, give location) <u>Owensville, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Farm Home</u>			

3. NAME OF DECEASED (Type or Print) <u>Clara</u>	a. (First) <u>Clara</u>	b. (Middle) <u>Agusta</u>	c. (Last) <u>Pietraschke</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 10, 1955</u>
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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>June 6, 1896</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u>58</u>	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Owensville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William H. Kottwitz</u>	13b. MOTHER'S MAIDEN NAME <u>Mathilda Zoch</u>	14. NAME OF HUSBAND OR WIFE <u>Emil G. Pietraschke</u>
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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>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Emil Pietraschke</u>	ADDRESS <u>Owensville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchiogenic Carcinoma</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Left lower lobe</u>		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from 1-3, 1955, to 4-10, 1955, that I last saw the deceased alive on 4-9, 1955, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paula Brenner M.D.</u>	(Degree or title)	23b. ADDRESS <u>Owensville, Mo.</u>	23c. DATE SIGNED <u>4-12-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>4-13-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. John's E & R Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Bem., Mo.</u>
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DATE REC'D BY LOCAL REG. <u>April 13, 1955</u>	REGISTRAR'S SIGNATURE <u>Mrs. Martha Jappmeier</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter H. Winters</u>	ADDRESS <u>OWENSVILLE</u>
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(Licensee Embalmer's Statement on Reverse Side)

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 Melvin H. 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.