

FILED JUN 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18093

State File No.

BIRTH NO. REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 188

1. PLACE OF DEATH
a. COUNTY Cole

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Cole

b. CITY (If outside corporate limits, write RURAL and give township) Jefferson City c. LENGTH OF STAY (In this place) 2 days

c. CITY OR TOWN Lohman d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Charles E. Gill Cole Hosp.

e. STREET ADDRESS (If rural, give location) Rural Route # 2

3. NAME OF DECEASED (Type or Print)
a. (First) ADAM b. (Middle) Z. c. (Last) PISTEL

4. DATE OF DEATH (Month) (Day) (Year)
June - 17 - 55

5. SEX Male 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH 2-2-1874

9. AGE (In years last birthday) Months Days Hours Min. 81 4 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and State or Foreign Country) Lohman, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John Pistel

13b. MOTHER'S MAIDEN NAME Anna Margaret Swartzott

14. NAME OF HUSBAND OR WIFE Never Married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Anna Pittrich, Russellville, MO

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) Medullary Failure
ANTECEDENT CAUSES
Uremia
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prostatic Hypertrophy
DUE TO (c) 610X
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/16/55 1955, to 6/17, 1955, that I last saw the deceased alive on 6/17, 1955, and that death occurred at 8:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. A. Michael D.O.

23b. ADDRESS Jefferson City, Mo

23c. DATE SIGNED 6/17/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE June 20, 55

24c. NAME OF CEMETERY OR CREMATOR St. Paul's Cemetery, Lohman, Missouri

24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. June 21-1955

REGISTRAR'S SIGNATURE R. P. Harris MD-NR

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 7 days 21. Schubert, RV, MO

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

REV. 2-15-1958

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.....
Signature of Student Embalmer

Signed.....
Hugo H. Schuber

Licensed Embalmer No. *284*

P. O. Address *Russell*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.