

FILED JAN 16 1956

## STANDARD CERTIFICATE OF DEATH

State File No. **951**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 5437 Registrar's No. 3

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>Rural Bourbois Twp</u>		c. LENGTH OF STAY (in this place) <u>58 yrs</u>	c. CITY OR TOWN <u>Owensville</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Farm Home</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Maria</u> b. (Middle) <u>Emma</u> c. (Last) <u>Nowack</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 7, 1956</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>Aug. 3, 1879</u>
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>***</u>	9. AGE (in years last birthday) <u>76</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Red Bird, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Carl Paneitz</u>		13b. MOTHER'S MAIDEN NAME <u>Wilhelmine Drusch</u>	14. NAME OF HUSBAND OR WIFE <u>Theodore C. Nowack</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>***</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Theodore C. Nowack Owensville, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Advanced Arteriosclerosis</u> <u>4 yrs.</u> DUE TO (c) <u>Hypertension</u> <u>4 yrs.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</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) (Min.)	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>7-2</u> , 19 <u>56</u> , to <u>1-7</u> , 19 <u>56</u> that I last saw the deceased alive on <u>12-22</u> , 19 <u>56</u> and that death occurred at <u>6:35</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Deceased or title) <u>Gene Brunel, M.D.</u>		23b. ADDRESS <u>Owensville, Mo.</u>	23c. DATE SIGNED <u>1-9-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>1-10-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Johns E &amp; R Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Bem, Mo.</u>
DATE REC'D BY LOCAL REG <u>January 10, 1956</u>	REGISTRAR'S SIGNATURE <u>Mrs. Marjorie Jappmeyer</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter H. H. Winter OWENSVILLE</u>	

(Licensed Emballer'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, or by *me*, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Melford H. W. Winter*

Licensed Embalmer No. 38

P. O. Address OWENSON

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.