

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1436**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>120</b>	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b> b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <b>Kansas City</b> ) c. LENGTH OF STAY (in this place) <b>2 Weeks</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3733 Wyoming</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>California</b> b. COUNTY <b>Orange</b> c. CITY OR TOWN <b>San Clemente</b> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> STREET ADDRESS (If rural, give location) <b>315 Madrid</b> <b>8049</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Paul</b> b. (Middle) <b>Henry</b> c. (Last) <b>Pyetzki</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>January 9, 1956</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>7 - 26 - 1884</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Boiler Inspector</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>R. I. R. R.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Germany</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Grace Pyetzki</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. C. G. Logan, 3733 Wyoming, K. C. Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Acute Coronary Occlusion</b> <b>arterio-sclerosis</b>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary Occlusion</b> ANTECEDENT CAUSES (b) <b>arterio-sclerosis</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION _____				INTERVAL BETWEEN ONSET AND DEATH <b>7 years</b> <b>4201</b>	
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) _____		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 <b>May 6, 1952</b> to <b>1/9, 1956</b> that I last saw the deceased alive on <b>1/9, 1956</b> and that death occurred at <b>1445 mi.</b> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>John O. Skinner M.D.</b>				23b. ADDRESS <b>1402 Beyond St. P. Mo.</b>		23c. DATE SIGNED <b>1/9-56</b>	
24a. BURIAL, CREMATION REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>1-10-1956</b>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <b>San Clemente, California</b>	
DATE REC'D BY LOCAL REG. <b>1-10-56</b>		REGISTRAR'S SIGNATURE <b>Meva Minshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Freeman Mortuary, Kansas City, Mo.</b>			

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

John O. Skinner

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 *Clayton H. Barnes*.....

Licensed Embalmer No. *4793*.....

P. O. Address *R. E. M.*.....

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.