

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-018956

FILED VS MAY 31 1960

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 122

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY FRANKLIN			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY FRANKLIN		
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN WASHINGTON		Length of stay in 1b	c. CITY OR TOWN UNION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANCIS HOSP.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 119 CHURCH ST.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First IDA Middle BERNADINE Last PISANE			4. DATE OF DEATH Month MAY Day 26 Year 1960		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH SEPT. 7, 1867	9. AGE (last birthday) 92	IF UNDER 1 YEAR Months 8 Days 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWORK	11. BIRTHPLACE (City and state or country) ST. CHARLES COUNTY MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME LOUIS KOPMANN		13b. MOTHER'S MAIDEN NAME ELIZABETH STUCKHOFF		14. NAME OF HUSBAND OR WIFE JOHN EDWARD PISANE	
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 Address EDWARD PISANE UNION, MO.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chronic cardiac</i> DUE TO (b) <i>stroke with skull</i> DUE TO (c) <i>dementia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					INTERVAL BETWEEN ONSET AND DEATH 5 yrs?
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <i>April</i> to <i>May 26 '60</i> and last saw <i>her</i> alive on <i>5/26/60</i> Death occurred at <i>6:30 a.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Edmund M. Oltmann</i>			22b. ADDRESS <i>Union Mo</i>		22c. DATE SIGNED <i>5/27/60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAY 28, 1960	23c. NAME OF CEMETERY OR CREMATORY IMMACULATE CONCEPTION CEM.		CITY, TOWN, OR COUNTY UNION MO.	(State)
24. FUNERAL DIRECTOR OLTMANN FUNERAL HOME		ADDRESS UNION, MO.	25. DATE RECD. BY LOCAL REG. <i>5/28/60</i>	26. REGISTRAR'S SIGNATURE <i>Edmund M. Oltmann</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ralph Ottmann

Licensed Embalmer No. 4808

P. O. Address Union,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.