SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-012945
STATE FILE NUMBER

AMENDED

Registration District No. 53 Primary Registration District No. 0000 Registrar's No. 143

FILED APR 17 1961

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Schwanee Township
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Near New Wells Mo.
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cape Girardeau
c. CITY OR TOWN: East New Wells Mo. Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Herman Middle: Rudolph Last: Petzoldt
4. DATE OF DEATH Month Day Year: April 8 -1961
5. SEX: M.
6. COLOR OR RACE: W.
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3-24-1879
9. AGE (last birthday): 82 IF UNDER 1 YEAR: Months: Days: 15 IF UNDER 24 HR: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Altenberg Mo.
12. CITIZEN OF WHAT COUNTRY: USA.
13a. FATHER'S NAME: Richard Petzoldt
13b. MOTHER'S MAIDEN NAME: Johanna Lindemen
14. NAME OF HUSBAND OR WIFE: Lina Holt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Richard Petzoldt Address: Altenberg Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH: Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Chronic Myocarditis — 10 years
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): None
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 March 15th 1961 to April 8-1961 and last saw ~~her~~ him alive on April 4-1961
Death occurred at 4:00 P.m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Theodore Fischer (Degree or title) M.D.
22b. ADDRESS: Altenburg Mo
22c. DATE SIGNED: 4-10-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-11-61
23c. NAME OF CEMETERY OR CREMATORY: New wells cemetary
23d. LOCATION (City, town, or county) (State): new wells Mo.
24. FUNERAL DIRECTOR ADDRESS: Deneke-Laird Jackson Mo.
25. DATE RECD. BY LOCAL REG.: 4-15-61
26. REGISTRAR'S SIGNATURE: Irene Kasten

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — 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 me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed R. O. Laird

Licensed Embalmer No. 4538

P. O. Address Jackson, Mo.

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.