

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-035747

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 902 Primary Registration District No. 5010 Registrar's No. 27

AMENDED

FILED OCT 30 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Andrew		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Benton Township		c. CITY OR TOWN Maryville	
Length of stay in lb		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway 71		d. STREET ADDRESS (If outside, give location) Johnson Trailer Court	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Cletus LeRoy Pitzenberger			4. DATE OF DEATH Month Day Year October 22, 1961
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-30-33
9. AGE (last birthday) 28		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Highway Engineering Dept. State of Mo.		10b. KIND OF BUSINESS OR INDUSTRY Rockwell, Iowa	11. BIRTHPLACE (City and state or country) U S A
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME Cletus E. Pitzenberger	
13b. MOTHER'S MAIDEN NAME Minnie F. Osterkamp		14. NAME OF HUSBAND OR WIFE Isabelle G. Pitzenberger	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes Korean		17. INFORMANT Address Mrs. C. E. Pitzenberger, Parnell, 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) Cerebral Concussion DUE TO (b) Blow to head DUE TO (c) Automobile accident. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH immediate
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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Riding in car struck head-on by another car which was in wrong lane	
20c. TIME OF INJURY Hour a.m. Month, Day, Year 2:30 a.m. Oct. 22, '61	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U.S. Highway 71		20f. CITY, TOWN, OR LOCATION R.F.D. Bolckow	COUNTY STATE Andrew Mo.
21. I attended the deceased from 2:30 AM to 10/22/61 and last saw him alive on 10/22/61 Death occurred at 2:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. S. Maxwell, D.O., Coroner		22b. ADDRESS 307 W. Main, Savannah, Mo.	22c. DATE SIGNED 10/25/61
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 10-22-61	23c. NAME OF CEMETERY OR CREMATORY St. Joseph's	23d. LOCATION (City, town, or county) (State) Parnell, Missouri
24. FUNERAL DIRECTOR ADDRESS Price Funeral Home, Maryville.		25. DATE RECD. BY LOCAL REG. 10-27-61	26. REGISTRAR'S SIGNATURE Killian Spake

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OCT 31 1961

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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 John W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville, TN

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.