

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-007412

STATE FILE NUMBER

AMENDED

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 37

FILED MAR 7 1962

|  |  |   |   |  |  |  |                         |
|--|--|---|---|--|--|--|-------------------------|
| 1. PLACE OF DEATH  |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)                                |  |  |                         |
| a. COUNTY <b>Perry</b>   |  | b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Perryville</b>  |   | a. STATE <b>Mo</b>   |  | b. COUNTY <b>Perry</b>   |                         |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>P.C. Mem. Hosp.</b>  |  | Length of stay in lb<br><b>7 days</b>   |   | c. CITY OR TOWN <b>Altenburg</b>   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                         |
| 3. NAME OF DECEASED (Type or print)  |  | d. STREET ADDRESS (If outside, give location)   |   | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                |  |  |                         |
| First <b>Richard</b>   |  | Middle <b>C</b>   |   | Last <b>Petzoldt</b>   |  | 4. DATE OF DEATH   |                         |
|  |  |   |   |  |  | Month <b>Feb.</b> Day <b>24</b> Year <b>1962</b>                                     |                         |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>White</b>  | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>10-8-76</b>                     | 9. AGE (last birthday) <b>85</b>   | IF UNDER 1 YEAR<br>Months  | IF UNDER 24 HR<br>Days   | IF UNDER 24 HR<br>Hours |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farmer</b>   |  |   | 10b. KIND OF BUSINESS OR INDUSTRY                   | 11. BIRTHPLACE (City and state or country)<br><b>Perry County, Mo.</b>   | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>  |  |                         |
| 13a. FATHER'S NAME<br><b>Richard Petzoldt</b>  |  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Johanna Lintner</b> |  | 14. NAME OF HUSBAND OR WIFE  |  |                         |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service)<br><b>No</b>   |  |   | 16. SOCIAL SECURITY NO.                             |  | 17. INFORMANT Address<br><b>Harvey Thurm Altenburg, Mo.</b>  |  |                         |
| 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:   |  |   |   | INTERVAL BETWEEN ONSET AND DEATH   |  |  |                         |
| IMMEDIATE CAUSE (a) <b>Cerebral thrombosis, &amp; left hemiparesis</b>   |  |   |   | <b>3 wks.</b>  |  |  |                         |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____  |  |   |   | _____  |  |  |                         |
| DUE TO (c) _____   |  |   |   | _____  |  |  |                         |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Probable acute cholecystitis</b> |  |   |   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><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 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 a.m. p.m. 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 <b>2-17-62</b> to <b>2-24-62</b> Just saw him alive on <b>2-24-62</b>   |  |   |   | Death occurred at <b>7:00 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |  |  |                         |
| 22a. SIGNATURE (Degree or title)<br><b>D. F. Fairchild, M.D.</b>   |  |   | 22b. ADDRESS<br><b>Perryville, Mo.</b>              |  | 22c. DATE SIGNED<br><b>2-26-62</b>   |  |                         |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>2-27-1962</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Immanuel Lutheran Cem.</b>   |   | 23d. LOCATION (City, town, or county)<br><b>Altenburg Mo.</b>  |  |  |                         |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Young &amp; Sons Perryville Mo</b>  |  |   | 25. DATE RECD. BY LOCAL REG.<br><b>2-27-62</b>      | 26. REGISTRAR'S SIGNATURE<br><b>Joe J. Zoellner</b>  |  |  |                         |

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

