

FILED JUN 13 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15192

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. <sup>59</sup> 59 PRIMARY REG. DIST. NO. <sup>4099</sup> 4092 Registrar's No. 81

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cass</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisonville</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Pleasant Hill)</u>                                |  |
| c. LENGTH OF STAY (in this place) <u>7 days</u>   |  | d. STREET ADDRESS <u>1 mile N.W. of Pleasant Hill, Mo.</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memoral Hospital</u>                                   |  |  |  |

|                                     |                          |                           |                           |   |
|-------------------------------------|--------------------------|---------------------------|---------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Minnie</u> | b. (Middle) <u>Louise</u> | c. (Last) <u>Czeschin</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>6-5-49</u> |
|-------------------------------------|--------------------------|---------------------------|---------------------------|---|

|  |                               |   |                                  |   |   |   |
|--|-------------------------------|---|----------------------------------|---|---|---|
| 5. SEX <u>female</u>   | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>5-8-1869</u> | 9. AGE (In years last birthday) <u>80</u>                               | IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u> | IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> |                               | 10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/> |                                  | 11. BIRTHPLACE (State or foreign country) <u>Gascanade Co. Missouri</u> |   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>    |

|   |   |  |
|---|---|--|
| 13a. FATHER'S NAME <u>William G. Landwehr</u> | 13b. MOTHER'S MAIDEN NAME <u>Amalia N. Schreimann</u> | 14. NAME OF HUSBAND OR WIFE <u>Edward G. F. Czeschin</u> |
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|--|-------------------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Ben Czeschin</u> ADDRESS <u>Pleasant Hill, Mo.</u> |
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|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>4 days</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage.</u>   |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>America, severe, resistant</u><br>DUE TO (c) <u>Hepatic cirrhosis</u> |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchiectasis</u>   |  | <u>3 yrs.</u><br><br><u>many years</u><br><br><u>25 yrs.</u> |   |

|                                    |  |  |
|------------------------------------|--|--|
| 19a. DATE OF OPERATION <u>None</u> | 19b. MAJOR FINDINGS OF OPERATION <u>None</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------------------|--|--|

|  |  |   |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>5810</u> |
|--|--|---|

|  |  |                            |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) - - - m. | 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 Nov, 1946, to 6-5, 1949, that I last saw the deceased alive on 6-4, 1949, and that death occurred at 6:50 p.m., from the causes and on the date stated above.

|   |                                       |                                |
|---|---------------------------------------|--------------------------------|
| 23a. SIGNATURE (Degree or title) <u>William D. O'Connell MD</u> | 23b. ADDRESS <u>Pleasant Hill Mo.</u> | 23c. DATE SIGNED <u>6-6-49</u> |
|---|---------------------------------------|--------------------------------|

|  |                         |   |  |
|--|-------------------------|---|--|
| 24a. BURIAL, CREMATION, OR OTHER (Specify) <u>Burial</u> | 24b. DATE <u>6-7-49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill</u> | 24d. LOCATION (City, town, or county) (State) <u>Pleasant Hill Mo.</u> |
|--|-------------------------|---|--|

|  |   |    |  |
|--|---|----|--|
| DATE REC'D BY LOCAL REG. <u>June 6, 1949</u> | REGISTRAR'S SIGNATURE <u>Laura J. Jones</u> | 51 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen C. Brownfield</u> ADDRESS <u>Pleasant Hill Mo.</u> |
|--|---|----|--|

(Licensed Embalmer's Statement on Reverse Side)

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

19  
10

**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 .....  
Student Embalmer

Signed *Allen B. Brewster*

Licensed Embalmer No. *3785*

P. O. Address *Stewart Hill, Va*

**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 this body is not embalmed, fact should be so stated above.