

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10802

FILED MAR 22 1955

6224

State File No.

360

3976

Registrar's No. 36

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. _____		Registrar's No. 36	
1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE Missouri b. COUNTY Vernon			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R #2, Nevada		c. LENGTH OF STAY (In this place) 33 yr		c. CITY OR TOWN R #2 Nevada		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION AT HOME				e. STREET ADDRESS (If rural, give location) R #2 Nevada, Mo. 10802			
3. NAME OF DECEASED (Type or Print)		a. (First) Max		b. (Middle) Albert		c. (Last) Piotrowski	
4. DATE OF DEATH		(Month) 3		(Day) 7		(Year) 55	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov 9 1878	
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months		IF UNDER 10 HRS. Hours		IF UNDER 15 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (City and State or Foreign Country) Chicago Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Paul F. Piotrowski		13b. MOTHER'S MAIDEN NAME Amelia Clark		14. NAME OF HUSBAND OR WIFE Della Piotrowski			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Raymond Piotrowski ADDRESS Nevada, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Acute Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 30min	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		4201	
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 Mar 7, 1955 , to Mar 7, 1955 , that I last saw the deceased alive on Mar 7, 1955 , and that death occurred at 7:30pm from the causes and on the date stated above.							
23a. SIGNATURE Shorten (Degree or title) MD				23b. ADDRESS Nevada, Mo		23c. DATE SIGNED 3-8-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-10-55		24c. NAME OF CEMETERY OR CREMATORY Newton Cemetery		24d. LOCATION (City, town, or county) (State) Nevada, Mo.	
DATE REC'D BY LOCAL REG. 3-15-1955		REGISTRAR'S SIGNATURE Anna S. Ferry		25. FUNERAL DIRECTOR'S SIGNATURE Shorten ADDRESS Funeral Home, Nevada, Mo			

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

MAY 21 1958

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 *Richard H. Porter*.....

Licensed Embalmer No. *45*.....

P. O. Address *Neveda*.....

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.