

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33493**

FILED OCT 22 1956

BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **4144** Registrar's No. **129**

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give township) Pilot Grove	c. LENGTH OF STAY (in this place) 3 yrs	c. CITY OF TOWN Pilot Grove	d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. FULL NAME OF (If not in hospital or institution, give street address or location)		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED a. (First) MARY-MAGDALENA-DEUSCHKE b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) Oct. 13, 1956		
5. SEX Fe	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 1, 1882	9. AGE (In years last birthday) 73	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY same	11. BIRTHPLACE (City and State or Foreign Country) Pleasant Green, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Schupp	13b. MOTHER'S MAIDEN NAME Louise Pantner	14. NAME OF HUSBAND OR WIFE Adam Deuschke
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or nature of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Harold Deuschke ADDRESS Pilot Grove, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 48 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Anticoagulant C-U drugs DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 443x 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	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**, 1951, to **Oct 13, 1956**, that I last saw the deceased alive on **Oct 13, 1956**, and that death occurred at **2:35 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE H V Siegel MD (Degree or title) <input type="checkbox"/> 23b. ADDRESS Smithton Mo	23c. DATE SIGNED 10/15/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 15, 1956	24c. NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery	24d. LOCATION (City, town, or county) (State) Pilot Grove, Mo
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DATE REC'D BY LOCAL REG. 10/10/56	REGISTRAR'S SIGNATURE H Hooper	25. FUNERAL DIRECTOR'S SIGNATURE Harold Pantner ADDRESS Pilot Grove, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Robert L. Painter*.....

Licensed Embalmer No. *406*.....

P. O. Address *Pilot Grove*.....

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.