

FILED FEB 5 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1726**
 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Washington</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>HILLSBORO</b>		c. LENGTH OF STAY (in this place) <b>2 WKS.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cadet, MO</b>		100
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CEDAR GROVE NURSING HOME</b>			d. STREET ADDRESS (If rural, give location) <b>1</b>		
3. NAME OF DECEASED (Type or Print) <b>Paul</b>			a. (First)	b. (Middle) <b>Gewand</b>	c. (Last)
4. DATE OF DEATH <b>JAN. 23, 1957</b>			(Month)	(Day)	(Year)
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>11-25-1876</b>	9. AGE (in years last birthday) <b>80</b>	IF UNDER 1 YEAR Months
IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Mins.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Fram Hand</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Hamburg, Germany</b>
12. CITIZEN OF WHAT COUNTRY? <b>GERMANY</b>	13a. FATHER'S NAME <b>Paul Gewand</b>	13b. MOTHER'S MAIDEN NAME <b>Agnes Trodel</b>	14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Self, Paul Gewand.</b>	ADDRESS		
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Generalized Carcinomatosis</b> ANTECEDENT CAUSES <b>Primary - Pancreas</b> 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 <b>1A</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>157X</b>				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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) 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 <b>Jan 9, 1957</b> to <b>Jan 23, 1957</b> , that I last saw the deceased alive on <b>Jan 20, 1957</b> , and that death occurred at <b>2:20</b> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>John W. Danks M.D.</b>		23b. ADDRESS <b>3606 Grannis St. Louis MO</b>		23c. DATE SIGNED <b>1-25-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REBURIAL</b>	24b. DATE <b>JAN. 23 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ST JOACHIM CATHOLIC CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>OLD MINES MO.</b>		
DATE REC'D BY LOCAL REG. <b>1-26-57</b>	REGISTRAR'S SIGNATURE <b>Oliver D. ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>SMITH FUNERAL HOME</b>	ADDRESS <b>Potosi MO</b>		

(Licensed Embalmer's Statement on Reverse Side)

*By J. B. Dietrich*

WRITE PLAINLY—USING UNFADING BLACK INK—STATE &amp; PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED  
FEB 2 1957

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 Donald B. Detrich

Licensed Embalmer No. 4104

P. O. Address Delta Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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