

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008992
STATE FILE NUMBER

FILED APR 14 1959

Registration District No. 118 Primary Registration District No. 5441 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Gasconade			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gasconade		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Third Creek Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Bland, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION farm Home		Length of stay in 1b 59 yrs.	d. STREET ADDRESS (If outside, give location) rural route		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First EVOLENA Middle ANNIE Last CZESCHIN			4. DATE OF DEATH Month April Day 5 Year 1959		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 24, 1876	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Bem, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Charles Drusch		13b. MOTHER'S MAIDEN NAME Wilhelmina		14. NAME OF HUSBAND OR WIFE William A. Czeschin	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Amelia Czeschin Bland, Mo. Rt. 4221		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis					INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis					5 yrs.
DUE TO (c) Chronic Myocarditis					1 year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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 4-3-59 to 4-5-59 and last saw her ^{him} alive on 4-3-59 Death occurred at 9:15 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Paula E. Branner, M.D. (Degree or title)			22b. ADDRESS Owensville, Mo.		22c. DATE SIGNED 4-7-59
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 4-8-1959	23c. NAME OF CEMETERY OR CREMATORY St. Johns - R Cemetery, Bollen, Mo.		23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR Walter H H Winter Owensville ADDRESS			25. DATE RECD. BY LOCAL REG. April 8, 1959	26. REGISTRAR'S SIGNATURE Mrs. Tharvia Jappmyer	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, Coroner, etc. must use every standard nomenclature in their report. No symptoms need be stated. All diseases in Part I must be causally related.

