IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 29 1960

60-007086
STATE FILE NUMBER

NDED

Registration District No. 383 Primary Registration District No. 5648 Registrar's No. 172

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Mt. Pleasant
Length of stay in 1b: 20 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 8Mile North E P.C.
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Lawrence
c. CITY OR TOWN: Pierce City Mo.
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 8 Mile North E. Pierce City
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Eugenia Middle: Florentina Last: Pietsch
4. DATE OF DEATH: Month: 2 Day: 14 Year: 1960
5. SEX: F
6. COLOR OR RACE: Wh
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7-31-1896
9. AGE (last birthday): 63
IF UNDER 1 YEAR: Months: 6 Days: 14 IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Lawrence County
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Andrew S. Pietsch
13b. MOTHER'S MAIDEN NAME: Emma Virke
14. NAME OF HUSBAND OR WIFE: Never married
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 495-07-2790
17. INFORMANT: Erhard Pietsch Address: Pierce City Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial degeneration
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Rheumatic
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1-10-60 to 2-14-60 and last saw her/him alive on 2-13-60
Death occurred at 6:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [illegible] (Degree or title) M.D.
22b. ADDRESS: Monett Mo.
22c. DATE SIGNED: 2-19-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-16-1960
23c. NAME OF CEMETERY OR CREMATORY: Friestat
23d. LOCATION (City, town, or county) (State): Lawrence County Mo.

24. FUNERAL DIRECTOR: Wilks Bros. ADDRESS: Pierce City Mo.
25. DATE RECD. BY LOCAL REG.: 2-21-60
26. REGISTRAR'S SIGNATURE: W W Fawcett

(Licensed Embalmer's Statement on Reverse Side)

MAR 25 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by Edwin Wilks, Student Embalmer No.

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edwin Wilks

Licensed Embalmer No. 4131

P. O. Address Pierce City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con
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.