

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008291

STATE FILE NUMBER

Registration District No. 118 Primary Registration District No. 5439 Registrar's No. 10

AMENDED

FILED APR 10 1961

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 Canaan Twp.		c. CITY OR TOWN Owensville	
Length of stay in 1b lifetime		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		d. STREET ADDRESS (If outside, give location) Route 1	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Mary Ann Piezuch			4. DATE OF DEATH April 1, 1961		
First Middle Last			Month Day Year		

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 3-25-1875	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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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) Owensville, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME John Zemann	13b. MOTHER'S MAIDEN NAME Christina Seago	14. NAME OF HUSBAND OR WIFE Louis Piezuch
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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. 42	17. INFORMANT Esther Piezuch Owensville, Mo.
		Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Breast DUE TO (b) with generalized Metastasis 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <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
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21. I attended the deceased from 1941 to April and last saw him alive on April . Death occurred at 9:10 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James A Shea MD	22b. ADDRESS L. Seago	22c. DATE SIGNED 4/3/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 4-5-1961	23c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery	23d. LOCATION (City, town, or county) Owensville, Mo.
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24. FUNERAL DIRECTOR Gottestroeter Funeral Home	25. DATE RECD. BY LOCAL REG. April 5, 1961	26. REGISTRAR'S SIGNATURE Mrs. Marvin Appmeyer
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27. ADDRESS Owensville, Mo.

Michael A. Smith
(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

1961, I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
 or by JERRY A. THOMPSON, Student Embalmer No. 624
 working under my personal supervision.
 Student Jerry A. Thompson Signed Melvin V. V. [Signature]
 Signature of Student Embalmer
 Licensed Embalmer No. 3838
 P. O. Address OWENSVILLE

MAY 21 1962

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 JERRY A. THOMPSON, Student Embalmer No. 624
 working under my personal supervision.
 Student Jerry A. Thompson Signed Melvin V. V. [Signature]
 Signature of Student Embalmer
 Licensed Embalmer No. 3838
 P. O. Address OWENSVILLE

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.

1961-6-4