

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2256

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>712 Franklin St.</u>		d. STREET ADDRESS (If rural, give location) <u>712 Franklin St. 3</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Martin</u>	b. (Middle) <u>J</u>	c. (Last) <u>Demmer</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>Jan</u> <u>22</u> <u>1949</u>
-------------------------------------	--------------------------	----------------------	-------------------------	---------------------------------------	----------------------------------

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Apr. 30 - 1871</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>8</u>	IF UNDER 24 HRS. Days <u>22</u> Hours _____ Min. _____
--------------------	-------------------------------	---	--	---	------------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rtd Engineer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Wabash RR</u>	11. BIRTHPLACE (State or foreign country) <u>Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	--	---	---

13a. FATHER'S NAME <u>Nicholas Demmer</u>	13b. MOTHER'S MAIDEN NAME <u>Katherine Schmidt</u>	14. NAME OF HUSBAND OR WIFE <u>Sophia</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Sophia Demmer</u>	ADDRESS <u>Moberly, Mo</u>
---	---	--	----------------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		<u>24 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____		<u>1 yr</u>
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 <u>MI</u>	20. AUTOPSY? 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)	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 Jan 21, 1948, to Jan 22, 1949, that I last saw the deceased alive on 1-22, 1949, and that death occurred at 8:35 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H.C. Griffiths MD</u>	(License or Title) <u>MD</u>	23b. ADDRESS <u>Moberly Mo</u>	23c. DATE SIGNED <u>1-24-49</u>
---	------------------------------	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 25 - 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hannibal</u>	24d. LOCATION (City, town, or county) (State) <u>Hannibal Mo</u>
---	--------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>1-24-49</u>	REGISTRAR'S SIGNATURE <u>Richard Beaman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wahaw and Son</u>	ADDRESS <u>Moberly Mo</u>
---	---	---	---------------------------

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

RECEIVED
District Health Officer No. 10
District File Number 2-49-178
Date Filed FEB 2 - 1949

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

Frank S. Witt

Licensed Embalmer No. 3021

P. O. Address

Moberly Mo

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