

FILED FEB 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4356

State File No.

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> <u>26</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Mary Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>712 W. Main</u>	
3. NAME OF DECEASED (Type or Print) <u>AGNES MITTLEMAYER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 5, 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 18, 1886</u>
9. AGE (In years last birthday) <u>62</u>		10. MONTHS <u>4</u>	11. DAYS <u>17</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	11. BIRTHPLACE (State or foreign country) <u>Jefferson City, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Peter Kierns</u>	
13b. MOTHER'S MAIDEN NAME <u>Ellen Corners</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph N. Mittlemeyer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>Joseph N. Mittlemeyer</u> ADDRESS <u>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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolism</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Fracture femur</u> DUE TO (c) <u>no</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>9:20</u>	
19a. DATE OF OPERATION <u>1-20-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Fracture femur right</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jefferson City (Cole) Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 17, 1949 3:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>fell on ice</u>		22. I hereby certify that I attended the deceased from <u>Jan 17, 1949</u> , to <u>Feb 5, 1949</u> , that I last saw the deceased alive on <u>Feb 5, 1949</u> , and that death occurred at <u>7:20 P. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Robert A. Dwyer M.D.</u>		23b. ADDRESS <u>Jefferson City, Mo.</u>	
23c. DATE SIGNED <u>2-7-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>2/8/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Peters</u>	
24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sevater Dulle</u> ADDRESS <u>Jefferson City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 9-1949</u>		REGISTRAR'S SIGNATURE <u>R.P. Doerin, M.D.</u>	

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed FEB 16 1949

FEB 24 1949

FEB 24 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 Sylvester Dulle

Licensed Embalmer No. 321

P. O. Address Jefferson City, 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.