

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7585**
Registrar's No. **75**

No. 300
10.48

FILED MAR 17 1949

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008**

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri COUNTY Andrew	
b. CITY OR TOWN Fulton		c. CITY OR TOWN Vandalia	
c. LENGTH OF STAY (In this place) 7 days		d. STREET ADDRESS (If rural, give location) Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital No. 1 Fulton			

3. NAME OF DECEASED (Type or Print) a. (First) ALBERT b. (Middle) L. c. (Last) DETIENNE			4. DATE OF DEATH (Month) (Day) (Year) MARCH 4 1949		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER	8. DATE OF BIRTH Nov 20 1869	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR: MONTHS _____ DAYS _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMER	11. BIRTHPLACE (State or foreign country) ANDRAIN COUNTY MO.		12. CITIZEN OF WHAT COUNTRY? American

13a. FATHER'S NAME DESIRE DETIENNE	13b. MOTHER'S MAIDEN NAME DK	14. NAME OF HUSBAND OR WIFE LISSIE WOODYARD
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN		16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME STATE HOSPITAL NO. 1 RECORDS ADDRESS _____		

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHO PNEUMONIA - BILATERAL		INTERVAL BETWEEN ONSET AND DEATH 49 IX
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) MILD CARDIAC DECOMPENSATION		
	DUE TO (c) MARKED DEHYDRATION		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOSCLEROSIS - GENERALISED			

19a. DATE OF OPERATION NONE	19b. MAJOR FINDINGS OF OPERATION NONE	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NONE
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NONE	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? NONE

22. I hereby certify that I attended the deceased from **26 Feb**, 19**49**, to **4 March**, 19**49**, that I last saw the deceased alive on **4 March**, 19**49**, and that death occurred at **1:15 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Hening Wayne Sheltz M.D. Fulton Missouri		23b. ADDRESS _____	23c. DATE SIGNED 4 Mar 49
24a. BURIAL OR CREMATION (Specify) BURIAL	24b. DATE Mar 5 1949	24c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetery	24d. LOCATION (City, town, or county) (State) Vandalia Missouri
DATE REC'D BY LOCAL REG. Mar. 5 1949	REGISTRAR'S SIGNATURE Josie Morwick	25. FUNERAL DIRECTOR'S SIGNATURE W. Waters ADDRESS Vandalia Mo	

(Licensed Embalmers' Statement on Reverse Side)

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

Date Filed 3-16-49

District File Number

District Health Officer No. 9,

RECEIVED

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 *William B Waters*

Licensed Embalmer No. *4169*

P. O. Address *Vandalia 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.