

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34663

State File No. ....

FILED OCT 26 1949

|  |  |  |  |   |  |  |  |   |  |
|--|--|--|--|---|--|--|--|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>274</u>  |  | PRIMARY REG. DIST. NO. <u>5935</u>  |  | Registrar's No. <u>346</u>   |  |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Pettis</u>   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>  |  |  |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural Sedalia</u>  |  | c. LENGTH OF STAY (in this place) <u>Life</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>   |  | d. STREET ADDRESS (If rural, give location) <u>Route # 4</u>           |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route # 4</u>   |  |  |  | 3. NAME OF DECEASED<br>a. (First) <u>MARIETTA</u> b. (Middle) <u>HOWELL</u> c. (Last) <u>DEXHEIMER</u>  |  |  |  |   |  |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 16, 1949</u>  |  | 5. SEX <u>Fe</u>   |  | 6. COLOR OR RACE <u>White</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Widowed</u> |  |   |  |
| 8. DATE OF BIRTH <u>Dec. 28, 1867</u>  |  | 9. AGE (In years last birthday) <u>81</u>  |  | IF UNDER 1 YEAR Months <u>9</u> Days <u>16</u>  |  | IF UNDER 1 HR. Hours <u></u> Min. <u></u>                              |  |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>  |  | 11. BIRTHPLACE (State or foreign country) <u>Cincinnati, Ohio</u>   |  | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>                                |  |   |  |
| 13a. FATHER'S NAME <u>William Howell</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Valinda (if known)</u>  |  | 14. NAME OF HUSBAND OR WIFE <u>John Dexheimer</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. <u>None</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Miss Ruby Dexheimer, Sedalia, Mo</u> ADDRESS   |  |  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u><br><br>ANTECEDENT CAUSES<br>DUE TO (b) <u>Influenza</u><br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Myocarditis, Hypertension</u> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><u>180X</u> |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION   |  | 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) (m.)   |  | 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 <u>Oct 6, 1949</u> , to <u>Oct. 16, 1949</u> , that I last saw the deceased alive on <u>Oct. 16, 1949</u> , and that death occurred at <u>8:30A</u> m., from the causes and on the date stated above. |  |  |  |   |  |  |  |   |  |
| 23a. SIGNATURE (Degree or title) <u>H. A. Nite</u> M. D.   |  |  |  | 23b. ADDRESS <u>Green Ridge, Mo.</u>  |  | 23c. DATE SIGNED <u>10-18-49</u>                                       |  |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |  | 24b. DATE <u>10-19-49</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cemetery</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>Sedalia, Missouri</u> |  |   |  |
| DATE REC'D BY LOCAL REG. <u>10-19-49</u>   |  | REGISTRAR'S SIGNATURE <u>Betty Yeager</u> <u>251</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>O W Shekart</u>   |  | ADDRESS <u>Sedalia, Mo.</u>  |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED OCT 24  
District Health Officer No. 8,

District File Number \_\_\_\_\_  
Date Filed 10-25-49

NOV 10 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 W. J. Eckhart

Licensed Embalmer No. 3470

P. O. Address Sedalia, 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.