

FILED JAN 16 1951

STANDARD CERTIFICATE OF DEATH

State File No. 2091

BIRTH NO. _____ REG. DIST. NO. 214 PRIMARY REG. DIST. NO. 5936 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give town) Smithton Rural		c. CITY (If outside corporate limits, write RURAL and give township) Smithton Rural 0800	
c. LENGTH OF STAY (in this place) 3 mos.		d. STREET ADDRESS (If rural, give location) Route 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Route 1			

3. NAME OF DECEASED a. (First) MARY (Type or Print)			b. (Middle) K.	c. (Last) DITTMER	4. DATE OF DEATH (Month) (Day) (Year) Jan. 9, 1951		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 3, 1861	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months 8	IF UNDER 24 HRS. Days 6	Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home-making	11. BIRTHPLACE (State or foreign country) Johnson County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Herman Droege	13b. MOTHER'S MAIDEN NAME Florentine Brandtman	14. NAME OF HUSBAND OR WIFE John D. Dittmer
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Hrney Helt, Rt. 1, Smithton,	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Adeno-Carcinoma of sigmoid</u>		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		153X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Min.)	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 March, 1950 to Jan. 9, 1951, that I last saw the deceased alive on Jan. 9, 1951, and that death occurred at 10:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chas Gordon Stauffer, M.D.</u>	23b. ADDRESS <u>Sedalia, Mo.</u>	23c. DATE SIGNED <u>1-10-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/11/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Evangelical</u>	24d. LOCATION (City, town, or county) (State) <u>Concordia, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>1/11/51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Sedalia, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 1-15-57

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 1-15-57

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

J E Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia

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.