

FILED MAR 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

7994

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pacific</u>	
c. LENGTH OF STAY (in this place) <u>5 Days</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis Hospital</u>			

3. NAME OF DECEASED  
(Type or Print) a. (First) WILLIAM b. (Middle) CHARLES c. (Last) DOLLAR

4. DATE OF DEATH Mar. 10, 1951  
5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Singel 8. DATE OF BIRTH Nov. 8, 1869 9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months 2 Days 2 IF UNDER 6 MOS. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman 10b. KIND OF BUSINESS OR INDUSTRY Public Bldgs. 11. BIRTHPLACE (State or foreign country) Illinois 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Joseph Dollar 13b. MOTHER'S MAIDEN NAME Veronia M. thohok 14. NAME OF HUSBAND OR WIFE Mrs. Katherine Heidenfelder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME Katherine Heidenfelder ADDRESS Pacific, Mo.

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  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Haemria  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) PARALYSIS AGITANS  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
CONGESTIVE Heart failure, Hypertrophic prostatic, Generalized arteriosclerosis

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION 350x 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 10 Dec, 1950, to March 10, 1951, that I last saw the deceased alive on March 10, 1951, and that death occurred at 10 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. Brewer M.D. 23b. ADDRESS Pacific Mo. 23c. DATE SIGNED 3/12/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Mar. 13, 1951 24c. NAME OF CEMETERY OR CREMATORY Rock Church Cemetery 24d. LOCATION (City, town, or county) (State) Catawissa, Mo.

DATE REC'D BY LOCAL REG. Mar. 12, 1951 REGISTRAR'S SIGNATURE \_\_\_\_\_ 25. FUNERAL DIRECTOR'S SIGNATURE 99 ADDRESS Dr. J. J. ... Pacific, Mo.

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

362

DISTRICT HEALTH OFFICE NO. 4

File No.

MAR 17 1951

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 *Jos. L. Hughes*

Licensed Embalmer No. 3008

P. O. Address Paajie, N.

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.