

FILED NOV 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36894

State File No. _____

5-425

16

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY FRANKLIN 110		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEW HAVEN-BEDOUF c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEW HAVEN (BEDOUF TWP.	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) BEDOUF TOWNSHIP 0366 A	

3. NAME OF DECEASED (Type or Print) a. (First) EMMA b. (Middle) LOUISE c. (Last) DETMER			4. DATE OF DEATH (Month) (Day) (Year) 11 - 17 - 51		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 10-6-1887	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 1 Days 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) STONE HILL MO	12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME FRED KROPHAUS		13b. MOTHER'S MAIDEN NAME JULIA SCHWAMMER		14. NAME OF HUSBAND OR WIFE FRITZ DETMER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Arthur Zeller new 94 amn 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		INTERVAL BETWEEN ONSET AND DEATH 5 to 10 min.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary occlusion		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease at least with hypertension		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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)
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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?
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22. I hereby certify that I attended the deceased from **4/5/1944** to **11/17/1951**, that I last saw the deceased alive on **11/14/1951**, and that death occurred at **5 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE B. P. Grossmann M.D. (Degree or title)	23b. ADDRESS New Haven, MO.	23c. DATE SIGNED 11/19/51.
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11-20-51	24c. NAME OF CEMETERY OR CREMATORY ST. PETERS EV. CEMETERY	24d. LOCATION (City, town, or county) (State) NEW HAVEN MO
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DATE REC'D BY LOCAL REG. Nov 20 - 51	REGISTRAR'S SIGNATURE Jessie Grossmann	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L. C. Curtis & Sons New Haven MO
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(Licensed Embalmer's Statement on Reverse Side)

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

360
1

File No. _____
DISTRICT HEALTH OFFICE No. 4

NOV 29 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

Earl J. Foster

Licensed Embalmer No. 3385

P. O. Address Greenwood

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.