

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 16 1952

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **3**

01643

112 N. Main St.

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

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau	
c. LENGTH OF STAY (in this place) 23 Yrs.		01640	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Marietta Street		d. STREET ADDRESS (If rural, give location) 1600 New Madrid	

3. NAME OF DECEASED (Type or Print) a. (First) Otto	b. (Middle) _____	c. (Last) Deimund	4. DATE OF DEATH (Month) (Day) (Year) Jan. 2, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 27, 1885	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR: Months _____ Days _____	IF UNDER 24 HRS.: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor	10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (State or foreign country) near Friedheim, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME William Deimund	13b. MOTHER'S MAIDEN NAME Minnie Puntmann	14. NAME OF HUSBAND OR WIFE Mabel Deimund
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 490-24-5454	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mabel Deimund	ADDRESS Cape Gir., Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Mitral regurgitation 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) Natural	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) on the job	21c. (CITY, TOWN, OR TOWNSHIP) Cape Girardeau (COUNTY) Cape Girardeau (STATE) Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) JAN. 2 1952 4:00 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Myocardial infarction while working
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22. I hereby certify that I attended the deceased from **July 26th 1948**, to **Dec. 21, 1951**, that I last saw the deceased alive on **Dec. 21, 1951**, and that death occurred at **4:00** m., from the causes and on the date stated above.

23a. SIGNATURE Dwight S. Rupp (Degree or title) D.O.	23b. ADDRESS 112 N. Main St., Cape Girardeau, Mo.	23c. DATE SIGNED Jan. 4, 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 5, 1952	24c. NAME OF CEMETERY OR CREMATORY National Park	24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.
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DATE REC'D BY LOCAL REG. 1-4-52	REGISTRAR'S SIGNATURE Lo. Co. Summers	25. FUNERAL DIRECTOR'S SIGNATURE Howard R. Harrison	ADDRESS Cape Girardeau, Mo.
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OCT 25 1955

EX-102 034

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 Howard R. Hansen

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, 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.