

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

5514

State File No. ....

**FILED FEB 18 1952**

No. 300  
10-48

500

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

BIRTH NO. _____		REG. DIST. NO. <u>160</u>		PRIMARY REG. DIST. NO. <u>5592</u>		Registrar's No. <u>7</u>		
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural - Joachim</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Joachim</u>		0500		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home, near Hillsboro, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>Near Hillsboro, Mo.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>			b. (Middle)		c. (Last) <u>Dittmer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 2 1952</u>	
5. SEX <u>0</u> <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>Sept-5 1863</u>		9. AGE (In years last birthday) <u>88</u>	10. <input type="checkbox"/> UNDER 1 YEAR <u>4</u> Months <u>26</u> Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Hillsboro Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>John F. Dittmer</u>			13b. MOTHER'S MAIDEN NAME <u>Sophia Hesse</u>		14. NAME OF HUSBAND OR WIFE <u>Louisa Limhorst Dec.</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 ADDRESS <u>Helen Dittmer Hillsboro Mo.</u>				
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) <u>Myocarditis</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>arterio sclerotic change</u> DUE TO (c) <u>in extremities</u>  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>  <u>2 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>				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)		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>2/22</u> , 19 <u>46</u> , to <u>Feb 2, 1952</u> , that I last saw the deceased alive on <u>2/2</u> , 19 <u>52</u> , and that death occurred at <u>1:30 A. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Name or title) <u>W. E. Seem</u>			23b. ADDRESS <u>Mercurianum, Mo</u>			23c. DATE SIGNED <u>Feb 4 1952</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 4, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Zion Luthern</u>		24d. LOCATION (City, town, or county) (State) <u>Pevely Mo</u>			
DATE REC'D BY LOCAL REG. <u>Feb. 4 1952</u>		REGISTRAR'S SIGNATURE <u>Gentry R. Pollette</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Heiligtog Funeral Home</u>		ADDRESS <u>Imperial Mo.</u>		

MAY 28 1953

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI  
DATE RECEIVED 2-12-52

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 Elmer A. Biligtag

Licensed Embalmer No. 3571

P. O. Address Kimmswick, 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.