

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13889  
State File No. \_\_\_\_\_

FILED APR 29 1952  
BIRTH NO. 33290 REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY OR TOWN <u>Moberly</u>		c. CITY OR TOWN <u>Glasgow</u> 1450	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>M<sup>c</sup> Cormick Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED a. (First) <u>Deborah</u> b. (Middle) <u>Louise</u> c. (Last) <u>Fuemmeler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 16, 1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Apr 16, 1952</u>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, or if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>14 10</u>
<u>Infant</u>		<u>Infant</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13. FATHER'S NAME <u>Vernon Fuemmeler</u>	
14. MOTHER'S MAIDEN NAME <u>Mary Prentler</u>		14. NAME OF HUSBAND OR WIFE <u>Infant</u>	
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 <u>Vernon Fuemmeler</u>		17. ADDRESS <u>Glasgow</u>	
MEDICAL CERTIFICATION			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>April 16</u> , 19 <u>52</u> , and that death occurred at <u>9:14 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Benjamin S. Jolly D.O.</u>		23b. ADDRESS <u>203 1/2 Clark Moberly</u>	
23c. DATE SIGNED <u>4/18/52</u>		23d. OCCUPATION (City, town, or county) (State) <u>Mo.</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 17, 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Washington</u>		24d. LOCATION (City, town, or county) (State) <u>Glasgow Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-17-52</u>		REGISTRAR'S SIGNATURE <u>Beard</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Dudley</u>		ADDRESS <u>Sumner Glasgow Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

12th for Registrar's Signature

05883

No. 48

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

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 3978

P. O. Address Glasgow 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.