

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38238

State File No.

FILED DEC 15 1952

BIRTH NO. _____		REG. DIST. NO. <u>118</u>		PRIMARY REG. DIST. NO. <u>5435</u>		Registrar's No. <u>39</u>		
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Boeuf Twp.</u>		c. LENGTH OF STAY (in this place) <u>lifetime</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Boeuf Twp.</u>		<u>0370</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hermann, Mo. Rt. 1</u>				d. STREET ADDRESS (If rural, give location) <u>Hermann, Mo. Rt. 1</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dorothea</u> b. (Middle) <u>Wilhelmina</u> c. (Last) <u>Fritzemeyer</u>			4. DATE OF DEATH <u>Nov. 11, 1952</u>					
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Stony Hill, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Henry Sewing</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Rehmert</u>		14. NAME OF HUSBAND OR WIFE <u>Fred Fritzemeyer</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>T. E. Fritzemeyer Hermann, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension, Essential</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION. <u>443X</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>July, 1949</u> , to <u>Nov. 11, 1952</u> , that I last saw the deceased alive on <u>Oct 11, 1952</u> , and that death occurred at <u>3 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Charles Schmidt</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Hermann, Mo.</u>		23c. DATE SIGNED <u>11-13-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-14-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>E. & R. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Charlotte, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Nov. 29, 1952</u>		REGISTRAR'S SIGNATURE <u>Dorothy Wallace</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilford H. H. White</u>		ADDRESS <u>OWENSVILLE</u>		

(Licensed Embalmer's Statement on Reverse Side)

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 Me

Student Embalmer No.

Working under my personal supervision.

Student
Student Embalmer

Signed Myford H. H. White

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE 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.