

FILED JAN 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

674

State File No.

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. CITY OR TOWN <u>Rich Fountain</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1 week</u>		e. STREET ADDRESS (If rural, give location) <u>R.F.D. 0760 / 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Gertrude</u> b. (Middle) <u>Ursula</u> c. (Last) <u>Radmacher</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 20, 1954</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 <u>Oct. 21, 1893</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Days <u>2</u> IF UNDER 1 MTH. Hours <u>29</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>*****</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Rich Fountain Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Frank Bisterhold</u>	13b. MOTHER'S MAIDEN NAME <u>Dora Richter</u>	14. NAME OF HUSBAND OR WIFE <u>Pete Radmacher (dec)</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Leo Lehman Linn 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 mos.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of stomach</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. <u>151X</u>			

19a. DATE OF OPERATION <u>1-15-54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of cardia & extension to esophagus</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) (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 1-13-54, 1954, to 1-20, 1954, that I last saw the deceased alive on 1-20, 1954, and that death occurred at 2:35 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Everett D. Siegelbach M.D.</u>	23b. ADDRESS <u>Jefferson City, Missouri</u>	23c. DATE SIGNED <u>1-22-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Jan. 21, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sacred Heart</u>
24d. LOCATION (City, town, or county) (State) <u>Rich Fountain Mo</u>		

DATE REC'D BY LOCAL REG. <u>Jan 22 1954</u>	REGISTRAR'S SIGNATURE <u>R.P. Darrin md</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde P. Marton</u>	ADDRESS <u>Linn Mo</u>
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WRITE PLAINLY—USING UNEADING 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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Vernon M. Monte*.....

Licensed Embalmer No. *412*.....

P. O. Address *Leim*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.