

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4024

State File No.

BIRTH NO. FILED MAR 8 1954 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 234

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 50 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		d. STREET ADDRESS (If rural, give location) 1220 S. 18th Street			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1220 S. 18th Street				d. STREET ADDRESS (If rural, give location) 1220 S. 18th Street					
3. NAME OF DECEASED (Type or Print) a. (First) Ernest			b. (Middle) Frederick		c. (Last) Dittmer		4. DATE OF DEATH (Month) (Day) (Year) February 26 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH November 20, 1878		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 12 HRS. 75 Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian				10b. KIND OF BUSINESS OR INDUSTRY St. Pauls Lutheran Church Industry		11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME August Dittmer			13b. MOTHER'S MAIDEN NAME Caroline Schlee			14. NAME OF HUSBAND OR WIFE Lydia Dittmer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or years of service) No			16. SOCIAL SECURITY NO. 491-09-2023		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lydia Dittmer St. Joseph, Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		My hypertensive heart disease & cardiac decompensation						1 yr - 2 mo.	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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		Arteriosclerosis General						1 yr 3 mo	
Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X						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) m.		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 1-13-1953 , to 2-26-54 , 19___, that I last saw the deceased alive on 2-26- , 1954, and that death occurred at 9:45 A m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) McSweeney M.D.				23b. ADDRESS 2070 1/2 Bldg St. Joseph, Mo.				23c. DATE SIGNED 3-1-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 1, 1954		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.			
DATE REC'D BY LOCAL REG. Mar 4, 1954		REGISTRAR'S SIGNATURE Esther M. Allison			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Meischer-Flanagan St. Joseph, Mo.				

(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 _____ ***

Student Embalmer No. *** ****

working under my personal supervision.

Student
Student Embalmer

Signed Raymond W. Morehead

Licensed Embalmer No. 4413 Missouri

P. O. Address St. Joseph, Missouri.

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.