

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

State File No. **9983**
Registrar's No. **2230**

BIRTH NO. FILED **MAR 19 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis) | | c. CITY OR TOWN Sedalia | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (In this place) | | e. STREET ADDRESS (If rural, give location) 1302 N. Grand | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri-Pacific Hospital | | | |

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|---|-------------------------------------|---|--|--|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) Wesley c. (Last) Dittmer | | | 4. DATE OF DEATH (Month) (Day) (Year) 3 10 1954 | | |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Sept. 8, 1890 | | 9. AGE (In years last birthday) 63 IF UNDER 1 YEAR Months 6 IF UNDER 4 HRS. Days 2 Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter - Mo. Pacific Railroad | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Lake Creek, Missouri | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | | | |

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| 13a. FATHER'S NAME Henry Dittmer | 13b. MOTHER'S MAIDEN NAME Martha Ratje | 14. NAME OF HUSBAND OR WIFE Minnie Dittmer |
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| 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 ADDRESS Minnie Dittmer 1302 N. Grand Sedalia, Mo. | |
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| 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 2 months |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Adenocarcinoma of head of Pancreas | | |
| | 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. | | | |

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| 19a. DATE OF OPERATION 3/4/54 | 19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma of head of Pancreas | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) 157X |
| 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 Feb 14, 1954, to March 10, 1954, that I last saw the deceased alive on Mar 9, 1954, and that death occurred at 12:00 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) John Vandoren M.D. | 23b. ADDRESS 1755 So Grand Blvd | 23c. DATE SIGNED 3/10/54 |
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|--|------------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 3/10/54 | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) Sedalia Missouri |
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| DATE REC'D BY LOCAL REG. MAR 10 1954 | REGISTRAR'S SIGNATURE J. Carl Smith M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ambruster Mortuary 6633 Clayton Road |
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3. p. (Licensed Embalmer's Statement on Reverse Side)

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

300
48

MAR 19 1954

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 *Ernest W. Spill*
.....

Licensed Embalmer No. 400.....

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.