

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19504

State File No. ....

FILED JUN 21 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 5816 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>MORGAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MORGAN</u>	
b. CITY OR TOWN <u>RURAL RICHLAND</u>	c. LENGTH OF STAY (in this place) <u>TOP LIFE</u>	c. CITY OR TOWN <u>RURAL</u>	d. RESIDENCE WITHIN LIMITS OF A CITY OR INCORPORATED TOWN? <u>Yes</u> No <u>No</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>12 MILES NORTH STOVER</u>		e. STREET ADDRESS (If rural, give location) <u>12 MILES NORTH STOVER</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u> b. (Middle) <u>LOUISE</u> c. (Last) <u>DEHRKE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 10 1955</u>					
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARCH 11 1891</u>	9. AGE (In years last birthday) <u>64</u> Months <u>2</u> Days <u>29</u>	IF UNDER 1 YEAR Hours Min.	IF UNDER 24 HRS. Hours 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>FARM</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MORGAN COUNTY MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		

13a. FATHER'S NAME <u>WILLIAM BOTTCNER</u>	13b. MOTHER'S MAIDEN NAME <u>MARTHA LEUTJEN</u>	14. NAME OF HUSBAND OR WIFE <u>ED DEHRKE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ED DEHRKE FLORENCE 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory failure</u>		<u>seconds</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute myocardial dilatation and ventricular fibrillation</u> DUE TO (c) <u>Old rheumatic fever</u>		<u>seconds</u> <u>years</u>
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	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) <u>416 X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>C3</u>

22. I hereby certify that I attended the deceased from Dec 26, 1951, to June 4, 1955, that I last saw the deceased alive on June 4, 1951, and that death occurred at 12:40 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Thomas P. Weisner</u>	(Degree or title) <u>P.O.</u>	23b. ADDRESS <u>Stover, Missouri</u>	23c. DATE SIGNED <u>June 11, 1955</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JUNE 12 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FLORENCE</u>	24d. LOCATION (City, town, or county) (State) <u>MORGAN COUNTY MO</u>
DATE REC'D BY LOCAL REG. <u>June 16 - 1955</u>	REGISTRAR'S SIGNATURE <u>Thos P Weisner</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J H Stevenson</u>	ADDRESS <u>Stover Mo</u>

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

710

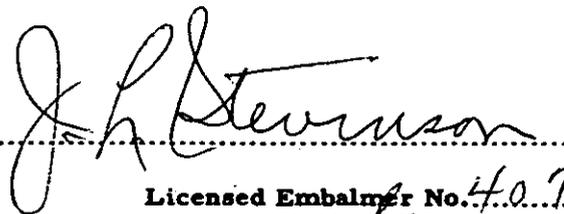
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**STATEMENT BY LICENSED EMBALMER**

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.....



Licensed Embalmer No. 407

P. O. Address Stover

**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.**