

FILED MAY 1 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **14084**

BIRTH NO. _____		REG. DIST. NO. 236		PRIMARY REG. DIST. NO. 4352		Registrar's No. 23		
1. PLACE OF DEATH a. COUNTY Morgan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Versailles		c. LENGTH OF STAY (in this place) 6 Mo.		c. CITY OR TOWN Russellville		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Kidwell Rest Home				e. STREET ADDRESS (If rural, give location) 2250				
3. NAME OF DECEASED (Type or Print) a. (First) Henry			b. (Middle)		c. (Last) Dittmann		4. DATE OF DEATH (Month) (Day) (Year) Apr. 27, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 9, 1869		9. AGE (In years last birthday) 86	10. IF UNDER 1 YEAR Months 6 Days 18	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) United Road road		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Jacob Dittmann			13b. MOTHER'S MAIDEN NAME Margaret Rabenstner		14. NAME OF HUSBAND OR WIFE Bertha Dittmann			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. L. A. B. Leslie Russellville, Mo.				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Wessesses associated with ascending infection of urinary tract ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Cystitis DUE TO (c) Enlargement of Prostate gland II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis					INTERVAL BETWEEN ONSET AND DEATH 5 or 6 days years years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 605X			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 Dec. , 1955, to April 27, 1956 , that I last saw the deceased alive on April 27, 1956 , and that death occurred at 11:50 AM. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) P. F. Zebloff				23b. ADDRESS D. O. Versailles, Mo.		23c. DATE SIGNED 4-28-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 29 Apr. 56		24c. NAME OF CEMETERY OR CREMATORY Endoe Cemetery		24d. LOCATION (City, town, or county) (State) Russellville, Missouri		
DATE REC'D BY LOCAL REG. 4-30-56		REGISTRAR'S SIGNATURE J. L. Haskin		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. Steffens Russellville, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 7 1956

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 *Raymond C. Larker*

Licensed Embalmer No. *462*

P. O. Address *Versailles*

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.