

S. No. 300
V. 10-48

FILED SEP 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31174**

BIRTH NO. _____		REG. DIST. NO. 159		PRIMARY REG. DIST. NO. 4249		Registrar's No. 60	
1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Jefferson			
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN Hillsboro		c. LENGTH OF STAY (If this place) c. CITY OR TOWN Hillsboro		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 Cedar Grove Nursing Home				e. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Dennert c. (Last) Dennert			4. DATE OF DEATH (Month) (Day) (Year) Sept., 21, 1956				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 1., 1883	9. AGE (In years last birthday) 73/8/20	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Hillsboro, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME John C. Hartwein		13b. MOTHER'S MAIDEN NAME Whilomena Ottomeyer		14. NAME OF HUSBAND OR WIFE Ernest Dennert			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louis Hartwein, 5009 Lennox Shrewsberry Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anterior circulation Heart Disease ANTECEDENT CAUSES Decompensation 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.					INTERVAL BETWEEN ONSET AND DEATH 2 hrs.	
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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		
					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 March 1, 1956 , to Sept 21, 1956 , that I last saw the deceased alive on Sept 20, 1956 , and that death occurred at 7:45 PM , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John W. Dacker M.D.			23b. ADDRESS 3606 Grand St. Louis Mo			23c. DATE SIGNED 9-22-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 9/24/56	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
DATE REC'D BY LOCAL REG. 9-22-56	REGISTRAR'S SIGNATURE Olta Shreiber M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Vinyard Funeral Home, Inc. Festus, Mo.			

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

JUL 1950
HILLSBORO, MISSOURI

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

SEP 29 1950

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 *Al W. Myers*

Licensed Embalmer No. 3010

P. O. Address *Jefferson*

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.