

health, Welfare public service
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 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 Coroner must use only standard nomenclature in Part I. No symptoms will be noted.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUL 25 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

25137

STATE FILE NUMBER

Registration District No. 159 Primary Registration District No. 5591 Registrar's No. 59

| | | | | | | | |
|--|---------------------------|---|--|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Jefferson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jefferson | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Central Township | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN Central Township | | Outside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Star Route | | | Length of stay in lb | d. STREET ADDRESS (If outside, give location) Star Route | | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First John Middle Wilbert Last Detter | | | | 4. DATE OF DEATH Month July Day 9 Year 1957 | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH 21 Mar 1906 | | 9. AGE (In years last birthday) 51 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder | | | 10b. KIND OF BUSINESS OR INDUSTRY Turco Manufacturer | | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13. FATHER'S NAME Joseph Detter | | | | 14. MOTHER'S MAIDEN NAME Francina Beelman | | | |
| 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. 499-03-4998 | | 17. INFORMANT Carolina Detter S Rt. Hillsboro Mo. Address | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4201 | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | |
| 20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____ | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | STATE |
| 21. I attended the deceased from _____, to _____ and last saw her/him alive on <u>July 9, 1957</u> Death occurred at <u>2:00 p.m.</u> on the date stated above, and to the best of my knowledge from the causes stated. | | | | | | | |
| 22a. SIGNATURE (In ink or title) <u>Chas. E. Owen M.D.</u> | | | | 22b. ADDRESS <u>DeSoto Mo.</u> | | 22c. DATE SIGNED <u>7/10/57</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>13 July 57</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Hillsboro</u> | | 23d. LOCATION (City, town, or county) (State) <u>Hillsboro, Missouri</u> | | |
| 24. FUNERAL DIRECTOR <u>Mahn Funeral Home DeSoto, Mo.</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>7-16-57</u> | | 26. REGISTRAR'S SIGNATURE <u>Delta Burdette Dep</u> | |

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

AUG 7 1957

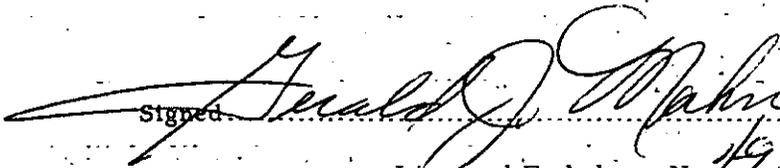
JUL 20 1957

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. 149

P. O. Address

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