

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

58-017671
State File No.

FILED MAY 26 1958

BIRTH NO. _____		REG. DIST. NO. 82	PRIMARY REG. DIST. NO. 5320	Registrar's No. 59
1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Ohio b. COUNTY Montgomery		
b. CITY (If outside corporate limits, write RURAL and give town(ship)) Rural-Palestine Twp		c. LENGTH OF STAY (In this place) 3 hrs	c. CITY OR TOWN Dayton 83408	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 RFD Boonville, Mo.		e. STREET ADDRESS (If rural, give location) 2977 Berkley Rd		
3. NAME OF DECEASED (Type or Print)		a. (First) FREDERICK	b. (Middle) WILLIAM	c. (Last) DEMMLER
4. DATE OF DEATH (Month) (Day) (Year) May 24, 1958				
5. SEX male <input type="checkbox"/>	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 3, 1894	9. AGE (In years last birthday) 63 IF UNDER 1 YEAR: MONTHS _____ DAYS _____ IF UNDER 24 HRS: HOURS _____ MIN. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tool Maker		10b. KIND OF BUSINESS OR INDUSTRY Self Employed		11. BIRTHPLACE (City and State or Foreign Country) Columbus, Ohio
13a. FATHER'S NAME George M. Demmler		13b. MOTHER'S MAIDEN NAME Christine Gerhardt		14. NAME OF HUSBAND OR WIFE Kathryn Fehr Demmler
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 AND ADDRESS Mrs F. W. Demmler 2977 Berkley Rd Dayton, Ohio
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) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerotic ^{heart} disease 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 Inst. (?)
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 2 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) 4200
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 no attendance , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:15 P.M. , from the causes and on the date stated above.				
23a. SIGNATURE M.D. Decker		23b. ADDRESS Boonville Mo		23c. DATE SIGNED 5/24/58
24a. BURIAL CREMATION REMOVAL (Specify) Removal		24b. DATE May 25/58		24c. NAME OF CEMETERY OR CREMATORY Dayton, Ohio
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS B.W. Shaker Boonville Mo		
DATE REC'D BY LOCAL REG. 5/25/58		REGISTRAR'S SIGNATURE D. Hooper		

(Licensed Embalmer's Statement on Reverse Side)

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

270
3

38
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MAY 29 1958

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 *Berry W. Thacker*

Licensed Embalmer No. *3949*

P. O. Address *Boonville*

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.