

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020809
State File No.

FILED JUL 3 1958

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 5033 Registrar's No. 141

0040

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

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louettep. Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louettep. Twp</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>RR#1 Martinsburg</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RR #1 Martinsburg</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTHA</u> b. (Middle) <u>GERTRUDE</u> c. (Last) <u>DEIMEKE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 22, 1958</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>Oct. 15, 1899</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>	11. BIRTHPLACE (State or foreign country) <u>Audrain Co, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Henry Spuckenschneider</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Arens</u>	14. NAME OF HUSBAND OR WIFE <u>Anthony Deimeke</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>916016</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Anthony Deimeke</u>	ADDRESS <u>Martinsburg, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>burned to death</u>		
ANTECEDENT CAUSES 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Louette #1 Martinsburg Mo.</u> (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 22 58 7A.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Caught dress on fire lighting stove</u>
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22. I hereby certify that I attended the deceased from never 19 , to never, 19 , that I last saw the deceased alive on never, 19 , and that death occurred at 7:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Freeman St. Joseph</u>	(Degree or title)	23b. ADDRESS <u>311 2nd Clark Street New</u>	23c. DATE SIGNED <u>June 23, 1958</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/23/1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph Cemetery</u>	24d. LOCATION (City, town, or County) (State) <u>Martinsburg, Missouri</u>
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DATE REC'D BY LOCAL REG <u>June 23-58</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Wellsville, Mo.</u>
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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
Student Embalmer

Signed

A. B. Kelly

Licensed Embalmer No. _____

P. O. Address _____

*1086
Shelburne Vt*

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 this body is not embalmed, fact should be so stated above.