

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028265
STATE FILE NUMBER

FILED AUG 18 1958

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 861

S. 300
V. 1-57

All diseases in Part I must be causally related. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2710 Lovers Lane		d. STREET ADDRESS (If outside, give location) 2710 Lovers Lane	
3. NAME OF DECEASED (Type or print) First Dora Middle Last Detlef		4. DATE OF DEATH Month Aug. Day 10, Year 1958	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 24, 1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Germany 4
13a. FATHER'S NAME Henry Sander		13b. MOTHER'S MAIDEN NAME Anna Bern	14. NAME OF HUSBAND OR WIFE Herman Detlef
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. none	17. INFORMANT Address Sidney M. Lewis, St. Joseph, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Arteriosclerotic Heart disease - Aortic Failure			INTERVAL BETWEEN ONSET AND DEATH 9 yrs; 1 mon.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis general			Unknown
DUE TO (c) 4200			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT <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 7-27-49 to 8-10-58 and last saw her alive on 7-7-58 Death occurred at 8:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. S. Sander MD (Degree or title)		22b. ADDRESS 207 Phy. and Surg. Bldg. St. Joseph, Missouri	22c. DATE SIGNED 8-11-58
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE Aug. 12, 1958	23c. NAME OF CEMETERY OR CREMATORY Crosby-Kinold Mortuary	23d. LOCATION (City, town, or county) Omaha, Nebraska
24. FUNERAL DIRECTOR W. S. Sander ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Aug 12, 1958	26. REGISTRAR'S SIGNATURE Wm. Clark Goodell

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 *Edward R. Harrington*

Licensed Embalmer No. 3258

P. O. Address. St. Joseph, Mo.

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.