

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029521
STATE FILE NUMBER

FILED AUG 19 1958 Registration District No. 172 Primary Registration District No. 4273 Registrar's No. 51

540
300
1-57
F.S. Brady M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

ALL DISEASES IN PART I MUST BE CAUSALLY RELATED.

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>MARCH 29, 1864</u>		9. AGE (In years last birthday) <u>94</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE RETIRED</u>		11. BIRTHPLACE (City and state or country) <u>GERMANY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CONCORDIA</u>		c. CITY OR TOWN <u>CONCORDIA</u>		3. NAME OF DECEASED (Type or print) First <u>REBECCA</u> Middle <u>DITTMER</u> Last <u>DITTMER</u>		4. DATE OF DEATH Month <u>Aug.</u> Day <u>10</u> Year <u>1958</u>		d. STREET ADDRESS (If outside, give location) <u>416 MAGDALENA ST.</u>		Length of stay in lb <u>77 YRS</u>		13a. FATHER'S NAME <u>JOHN HICK</u>		13b. MOTHER'S MAIDEN NAME <u>META WILBERN</u>		14. NAME OF HUSBAND OR WIFE <u>CLAWS DITTMER</u> <i>DECEASED</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HILF MAGDALENA ST.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		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>NO</u>		17. INFORMANT <u>HERMAN DITTMER</u>		Address <u>CONCORDIA, MO</u>		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>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Several days</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		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>Cerebral hemorrhage</u>		DUE TO (b) <u>Hypertensive cardiovascular disease</u>		DUE TO (c) <u>443 X</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Several yrs</u>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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 <u> </u> Month, Day, Year <u> </u> a.m. <u> </u> p.m. <u> </u>		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 <u>CONCORDIA</u>		COUNTY <u>MO</u>		STATE <u>MO</u>			
21. I attended the deceased from <u>May 11, 1951</u> to <u>Aug 10, 1958</u> and last saw her alive on <u>Aug 9, 1958</u> Death occurred at <u>1:50</u> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>F.S. Brady M.D.</u> (Degree or title)		22b. ADDRESS <u>Concordia Mo</u>		22c. DATE SIGNED <u>8/11/58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>8/12/58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>ST. PAUL'S</u>		23d. LOCATION (City, town, or county) (State) <u>CONCORDIA MO</u>			
24. FUNERAL DIRECTOR <u>E. S. James</u>		ADDRESS <u>Concordia Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Aug 11, 58</u>		26. REGISTRAR'S SIGNATURE <u>Lucie Gordon Jordan</u>		27. (Licensed Embalmer's Statement on Reverse Side)									

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 me....., Student Embalmer No. ~~2058~~

working under my personal supervision.

Student
Signature of Student Embalmer

Signed E. S. James.....

Licensed Embalmer No. 2058.....

P. O. Address Concordia.....

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.