

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043742

STATE FILE NUMBER

FILED DEC 29 1958 Registration District No. 119 Primary Registration District No. 5943 Registrar's No. 53

300
1-57

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1. PLACE OF DEATH a. COUNTY GASCONADE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY GASCONADE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ROARK TWP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN HERMANN 03710
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RENE VALLEY REST HOME		Length of stay in lb 5 MONTHS	d. STREET ADDRESS (If outside, give location) 137 W-2nd ST
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First AUGUST Middle Last LETTERER	4. DATE OF DEATH Month DEC. Day 18 Year 1958
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH AUG. 19-1878	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY GEN'L FARMING	11. BIRTHPLACE (City and state or country) HERMANN MO	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME FRITZ LETTERER	13b. MOTHER'S MAIDEN NAME MINNIE WILPRECHT	14. NAME OF HUSBAND OR WIFE ELIZABETH LETTERER
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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) No	16. SOCIAL SECURITY NO. 488-42-8811	17. INFORMANT Mrs. David Bohl Address HERMANN MO
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC DECOMPENSATION	INTERVAL BETWEEN ONSET AND DEATH 9 DAYS
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost.	DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE	10 YEARS
	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) HYPERTENSION AND GENERALIZED ARTERIOSCLEROSIS	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	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
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21. I attended the deceased from 5-29-56 to 12-18-58 and last saw him alive on 12-17-58 Death occurred at 3:05 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Carol T. Shaw, M.P.	22b. ADDRESS HERMANN, MISSOURI	22c. DATE SIGNED 12-19-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12/20/58	23c. NAME OF CEMETERY OR CREMATORY HERMANN CEMETERY	23d. LOCATION (City, town, or county) (State) HERMANN MO
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24. FUNERAL DIRECTOR HUGO H. BLUMER ADDRESS HERMANN MO	25. DATE RECD. BY LOCAL REG. 12-19-58	26. REGISTRAR'S SIGNATURE Delma Uffelmann
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with 28 listed. All diseases in Part I must be causally related.

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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
Signature of Student Embalmer

Signed *Negot H. B. ...*

Licensed Embalmer No. *3160*
P. O. Address *Harlem N.Y.*

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.