

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006635

STATE FILE NUMBER

FILED MAR 6 1959 Registration District No. 276 Primary Registration District No. 4410 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST James		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST James
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Soldiers Home		Length of stay in lb 4 years	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ANNA Middle Maria Last Adler			4. DATE OF DEATH Month March Day 1 Year 1959
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 Nov. 10-1868
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Berlin Germany
12. CITIZEN OF WHAT COUNTRY? U. S. A.		14. NAME OF HUSBAND OR WIFE Herman Adler-Deed	
13a. FATHER'S NAME Henry Kramer		13b. MOTHER'S MAIDEN NAME Maria Vodetz	
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 Elsie Hammelman		Address Bourbon Mo.	
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>arteriosclerotic cardiovascular renal disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
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.) 442 X	
20c. TIME OF INJURY Hour Month, Day, Year p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Jan 28-55</u> to <u>March 1-59</u> and last saw her alive on <u>March 1-59</u> Death occurred <u>6:20 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 3-2-59	
21a. SIGNATURE (Degree or title) Fred Grosskreutz M.D.		22b. ADDRESS St. James, Mo	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Mar 2-1959	
23c. NAME OF CEMETERY OR CREMATORY GARTH		23d. LOCATION (City, town, or county) (State) Bourbon Mo.	
24. FUNERAL DIRECTOR Norman C. Hoener		ADDRESS Cuba Mo.	
25. DATE RECD. BY LOCAL REG. 3-3-59		26. REGISTRAR'S SIGNATURE Ruth B. Powell by et al.	

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Norman C. Haer*

Licensed Embalmer No. *4673*

P. O. Address *Cuba, N.M.*

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.