

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010317
State File No.

FILED APR 6 1959

BIRTH MO. _____ REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 4884 Registrar's No. 21

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

1. PLACE OF DEATH a. COUNTY Osage		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Osage	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Freeburg, Mo.)		c. CITY OR TOWN Freeburg, Mo. c. LENGTH OF STAY (In this place) Life	
d. FULL NAME OF HOSPITAL OR INSTITUTION Her Home		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Lois	b. (Middle) Jean	c. (Last) Radmacher	(Month) March	(Day) 29	(Year) 1959

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Sept. 2, 1958	9. AGE (In years last birthday) 6	IF UNDER 1 YEAR Months 27	IF UNDER 4 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Jefferson City, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Joseph Radmacher	13b. MOTHER'S MAIDEN NAME Francis Dickneite	14. NAME OF HUSBAND OR WIFE None
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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. none	17. INFORMANT'S SIGNATURE OR NAME Joseph Radmacher	ADDRESS Freeburg, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH BIRTH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CONGENITAL HEART DISEASE		2 mo.
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CARDIAC FAILURE DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. MONGOLISM			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 7545	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>Charles Horton</i>	(Degree or title) CORONER	23b. ADDRESS Box 255, Linn, Mo	23c. DATE SIGNED 3/29/59
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24a. BURIAL CHARGE (Specify) Burial	24b. DATE 3/31/59	24c. NAME OF CEMETERY OR CREMATORY Holy Family	24d. LOCATION (City, town, or county) (State) Freeburg, Mo.
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DATE REC'D BY LOCAL REG. 3-31-59	REGISTRAR'S SIGNATURE <i>Mrs. T.A. Dubonillet</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>McDonnell</i>	ADDRESS Vienna, Mo.
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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 *M. C. Birmingham*

Licensed Embalmer No. 3665

P. O. Address *Birmingham*

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.