

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012565
STATE FILE NUMBER

FILED MAY 5 1959

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 148

300
1-57

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1. PLACE OF DEATH a. COUNTY CAPE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CAPE GIRARDEAU		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN CHAFFEE (Rt. 1)
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANCIS HOSP.		Length of stay in 1b 16 DAYS	d. STREET ADDRESS (If outside, give location) SYLVANIA TWP.
3. NAME OF DECEASED (Type or print) First Middle Last ROSALIE REGINA DOHOGNE			4. DATE OF DEATH Month Day Year APRIL 10, 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 FEB. 6, 1905
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 54
11. BIRTHPLACE (City and state or country) NEW HAMBURG, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOSEPH KLIPFEB		13b. MOTHER'S MAIDEN NAME ROSA HEISSERER	14. NAME OF HUSBAND OR WIFE THEODORE LOUIS DOHOGNE
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 ROBERT J. DOHOGNE - Rt. 1 - CHAFFEE, 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) Chromal cortical Failure			INTERVAL BETWEEN ONSET AND DEATH 20 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Nephrotomy			20 hrs
DUE TO (c) 3 sepsis Renal calculi - pyelonephritis			2 hrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Paraplegia - following cord tumor surgery 602X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		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 COUNTY STATE	
21. I attended the deceased from 10-3-58 to 4-10-59 and last saw her alive on 4-10-59 Death occurred at 7:50 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) [Signature]		22b. ADDRESS 269 Pacific Cape Girardeau	22c. DATE SIGNED 4-22-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE April 13, 1959	23c. NAME OF CEMETERY OR CREMATORY ST. AMBROSE CATHOLIC CEM.	23d. LOCATION (City, town, or county) CHAFFEE MISSOURI
24. FUNERAL DIRECTOR Bisplinghoff Funeral Home		25. DATE RECD. BY LOCAL REG. 4-26-59	26. REGISTRAR'S SIGNATURE Drene Kasten

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

no symptoms were listed

MAY 5 1959

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 *Jack T. Burnett*

Licensed Embalmer No. *4473*

P. O. Address *Chaffee, Md*

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.