

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005939

STATE FILE NUMBER

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 75

FILED FEB 19 1962

| | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| a. COUNTY <u>Cole</u> | | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u> | | c. CITY OR TOWN <u>Jefferson City</u> | | d. STREET ADDRESS (If outside, give location) <u>320 Washington St.</u> | |
| b. COUNTY <u>Cole</u> | | Length of stay in 1b <u>37 yrs.</u> | | Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Comm. Hospital</u> | | | | d. STREET ADDRESS (If outside, give location) <u>320 Washington St.</u> | | | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Margaret Smith Dallmeyer</u> | | | | 4. DATE OF DEATH Month Day Year <u>February 11, 1962</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 type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH <u>6-16-1905</u> | 9. AGE (last birthday) <u>56</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | | 11. BIRTHPLACE (City and state or country) <u>Kansas City, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |
| 13a. FATHER'S NAME <u>Robert Smith</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Grace Perdue</u> | | 14. NAME OF HUSBAND OR WIFE <u>Robt. E. Dallmeyer, Sr.</u> | | |
| 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>None</u> | | 17. INFORMANT Address <u>Robt. Dallmeyer, Jr. Jefferson City, Mo.</u> | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>acute coronary occlusion</u> | | | | | | | <u>subacute</u> |
| DUE TO (b) <u>arteriosclerotic heart disease</u> | | | | | | | <u>1-2 yrs.</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) | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. | | |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | |
| 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 a.m. p.m. Month, Day, Year | | | | | | | |
| 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 <u>1-17-51</u> , to <u>2-11-62</u> and last saw her <u>him</u> alive on <u>2-10-62</u> . Death occurred at <u>5:30 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>E. L. Boyd, M.D.</u> | | | | 22b. ADDRESS <u>Jeff. City, Mo.</u> | | 22c. DATE SIGNED <u>2-14-62</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>2-13-1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u> | | 23d. LOCATION (City, town, or county) <u>Jefferson City, Missouri</u> | | |
| 24. FUNERAL DIRECTOR <u>Gideon N. Houser, Jefferson City, Mo.</u> | | ADDRESS | | 25. DATE RECD. BY LOCAL REG. <u>14 February 1962</u> | 26. REGISTRAR'S SIGNATURE <u>R. Harris, M.D. - Richter, Reg.</u> | | |

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT BY AFFIDAVIT OF

FEB 20 1962

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 Gideon N. Houser

Licensed Embalmer No. 4579
P. O. Address Jefferson City,

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.