

FILED DEC 1 1948

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 330

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
411 North Grand  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 24 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Herman Standke  
3. (b) If veteran, name war No  
3. (c) Social Security No. None

4. Sex M. Color or race W.  
5. Color or race W.  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Mattie  
6. (c) Age of husband or wife if alive 1 years 1864 (Day) (Year)

7. Birth date of deceased September 1, 1864 (Month) (Day) (Year)  
8. AGE: Years 84 Months 2 Days 16 If less than one day hr. min.

9. Birthplace Dakota Wisconsin (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter Retired

11. Industry or business ✓

12. Name Carl Standke

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Biehr

(b) Address Milwaukee, Wisc.

17. (a) Burial (b) Date thereof 11-19-1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director DW Fleckhart

(b) Address Sedalia, Mo.

19. (a) 11-19-48 (b) Betty Yeager (Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis  
(c) City or town Sedalia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 411 North Grand  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17 year 1948 hour 6 minute AM

21. I hereby certify that I attended the deceased from Nov 15 1948, to Nov 15 1948, that I last saw him alive on Nov 15 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Occlusion  
Coronary Occlusion  
Due to Advanced age

Due to  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature DW Fleckhart (M. D. or other) M.D.  
Address Sedalia Mo Date signed 11-17-48

Duration  
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 11-30-48

DEC 11 1948

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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 \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Frank S. Coffman Jr.  
Licensed Embalmer No. 4559  
P. O. Address Sedalia, Mo.

**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 this body is not embalmed, fact should be so stated above.**