No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11894

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3066 Registrar's No. 102

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City
c. LENGTH OF STAY (In this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Miller 66
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Elizabeth RR. 0
d. STREET ADDRESS (If rural, give location): Route 1 1

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) Agnes c. (Last) Ortbals
4. DATE OF DEATH: (Month) April (Day) 25 (Year) 1949
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: March 24, 1948
9. AGE (In years last birthday): 1 — If under 1 year: Months 1 Days 1 — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Victor Ortbals
13b. MOTHER'S MAIDEN NAME: Leona Bax
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Victor Ortbals ADDRESS: St. Elizabeth, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia, acute — INTERVAL BETWEEN ONSET AND DEATH: 3 da.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Whooping Cough — 8 wks.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 0561

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr. 24, 1949, *to* Apr. 25, 1949, *that I last saw the deceased alive on* Apr. 25, 1949, *and that death occurred at* 11:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: John S. Dennett, M.D. (Degree or title) O
23b. ADDRESS: 507 E. High, Jef. City, Mo.
23c. DATE SIGNED: 4-25-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 27, 1949
24c. NAME OF CEMETERY OR CREMATORY: St. Anthony Cemetery
24d. LOCATION (City, town, or county) (State): St. Anthony Missouri

DATE REC'D BY LOCAL REG.: Apr 25-49
REGISTRAR'S SIGNATURE: R. P. Dorris MD-NR 68 0
25. FUNERAL DIRECTOR'S SIGNATURE: Walter P. Hedges-Thera, Mo ADDRESS:

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number MAY 10 1945
Date Filed _____

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 Walter P. Hedges Student Embalmer No. _____ working under my personal supervision.

Student _____
Student Embalmer

Signed Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address Berea, 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.