

FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14885

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 551

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph, Mo.	
c. LENGTH OF STAY (in this place) 6 months		d. STREET ADDRESS (If rural, give location) 3206 Seneca St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3206 Seneca St.			

3. NAME OF DECEASED (Type or Print) a. (First) HAZEL b. (Middle) LEE c. (Last) DITTEMORE			4. DATE OF DEATH (Month) (Day) (Year) May 8, 1949			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 18, 1894	9. AGE (In years last birthday) 54	10. IF UNDER 1 YEAR Months 11 Days 20	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Omaha, Nebraska		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME W. H. Rosecrans		13b. MOTHER'S MAIDEN NAME Glorence Gammill		14. NAME OF HUSBAND OR WIFE Claude J. Dittmore		

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. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Claude J. Dittmore, 3206 Seneca St.	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Coronary Thrombosis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <i>Woman was found dead in her bed at her home, she has not been seriously ill but</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>has suffered attacks of acute indigestion, for which she has been taking medicine</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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)		21f. HOW DID INJURY OCCUR?		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					

22. I hereby certify that I attended the deceased ~~from~~ ^{since} on 5/8, 1949, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>H. F. Mundy M.D. Coroner</i>		23b. ADDRESS St. Joseph, Mo. <i>404 So. 3d St.</i>		23c. DATE SIGNED <i>5/8/49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 10, 1949	24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	

DATE REC'D BY LOCAL REG. <i>May 16, 1949</i>	REGISTRAR'S SIGNATURE <i>E. C. Jenkins</i>	382	FUNERAL DIRECTOR'S SIGNATURE <i>Gene Clark</i>	ADDRESS 120 Illinois Ave.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

B. J. Chaney

Student Embalmer No. *294*

working under my personal supervision.

Signed *B. J. Chaney*
Student Embalmer

Signed *Earl A. Cook*

Licensed Embalmer No. *423F*

P. O. Address *St. Joseph 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.