

FILED JUN 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15636

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

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BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>150</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Henry</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Henry</u>	
c. LENGTH OF STAY (In this place) <u>4 1/2</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>		d. STREET ADDRESS (If rural, give location) <u>400 North Main St</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>400 North Main St</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Frederick</u>		b. (Middle) <u>W</u>		c. (Last) <u>Detweiler</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>June 6 - 1949</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>11-19-1880</u>		9. AGE (If years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machanic Garage</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Leopold Detweiler</u>		13b. FATHER'S MAIDEN NAME <u>Louise</u>		14. NAME OF HUSBAND OR WIFE <u>Eddie Detweiler</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Eddie Detweiler</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Leukemia</u>		ANTECEDENT CAUSES				DUE TO (b) _____	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____				DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				22. I hereby certify that I attended the deceased from <u>8/25</u> , 19 <u>46</u> , to <u>6/6</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>6/6</u> , 19 <u>49</u> and that death occurred at <u>3 P</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Ed C. Peeler M.D.</u>		23b. ADDRESS <u>Clinton Mo</u>		23c. DATE SIGNED <u>6/8/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>6-9-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cypresswood and Clinton Mo</u>		24d. LOCATION (City, town, or county) (State) <u>Mo</u>	
DATE REC'D BY LOCAL REG <u>June 8 - 49</u>		REGISTRAR'S SIGNATURE <u>Louise Adair</u>		FEDERAL DIRECTOR'S SIGNATURE <u>Lickman & Hummer</u>		ADDRESS <u>Clinton Mo</u>	

RECEIVED

District Health Officer No. 7

District File Number 5-49-714

Date Filed 6-13-49

OCT 28 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 _____

R. L. Dunning

Student Embalmer No. 3682

working under my personal supervision.

Student *R. L. Dunning*
Student Embalmer

Signed

J. H. Halsey

Licensed Embalmer No. 3682

P. O. Address Callahan, 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.