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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19089**

FILED JUL 8 1949

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 2020 Registrar's No. 103

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Union, Missouri	
c. LENGTH OF STAY (In this place) 0		d. STREET ADDRESS (If rural, give location) 809 Christina St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital			

3. NAME OF DECEASED (Type or Print) William	a. (First)	b. (Middle) F.	c. (Last) Detmer	4. DATE OF DEATH (Month) (Day) (Year) 6 26 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 12th 1888	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 10 Days 11	IF UNDER 24 HRS. Hours 11 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Road Maintenance	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Union, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Christ Detmer	13b. MOTHER'S MAIDEN NAME Lavena Boetcher	14. NAME OF WIFE Dena Detmer
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Dena Detmer	ADDRESS Union, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 2 2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pancreatitis, Acute		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			5870

19a. DATE OF OPERATION June 9, 1949	19b. MAJOR FINDINGS OF OPERATION Pancreatitis & Edema of Omentum	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 <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 June 3, 1949, to June 26, 1949, that I last saw the deceased alive on June 25, 1949, and that death occurred at 1:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE Frank J. Mays	(Degree or title) M.D.	23b. ADDRESS Washington, Mo.	23c. DATE SIGNED 6-27-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-28-49	24c. NAME OF CEMETERY OR CREMATORY Union,	24d. LOCATION (City, town, or county) (State) Union, Missouri
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DATE REC'D BY LOCAL REG. June 27, 1949	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE E.F. Oltmann	ADDRESS Union, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

36

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District File Number
District Health Officer No. 9
RECEIVED JUL 6 1949

AUG 30 1949

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
Student Embalmer

Signed

E. F. Oltmann

Licensed Embalmer No. 1686

P. O. Address Union, Missouri

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.