

FILED SEP 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

27248

BIRTH NO. 124		REG. DIST. NO. 1603		PRIMARY REG. DIST. NO. 15-94		Registrar's No. 496			
1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Iowa b. COUNTY Halatiam					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN De Soto Rural-Valle 7 Mo.				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Strantford 999					
d. FULL NAME OF HOSPITAL OR INSTITUTION B. B. 2nd De Soto, Mo				d. STREET ADDRESS (If rural, give location) 130					
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) — c. (Last) ALTVEATER				4. DATE OF DEATH (Month) (Day) (Year) 8 26 1949					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 7-17-1875			
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Retired Merchant		11. BIRTHPLACE (State or foreign country) ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A			
13a. FATHER'S NAME Fredrick Altveater				13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Tempie			
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. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Rose Rock De Soto, Mo			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Psychosis (senile) DUE TO (c) — II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 days 2 yrs 304X	
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) 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 Jan 15, 1949, to Aug 25, 1949, that I last saw the deceased alive on Aug 25, 1949, and that death occurred at 10:30 a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) W. J. P. Angels, M.D.				23b. ADDRESS De Soto, Mo		23c. DATE SIGNED 8/27/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-28-49		24c. NAME OF CEMETERY OR CREMATORY Woodlawn		24d. LOCATION (City, town, or county) (State) De Soto Mo.			
DATE REC'D BY LOCAL REG. 8/27/49		REGISTRAR'S SIGNATURE Marie Harris		25. FUNERAL DIRECTOR'S SIGNATURE Donnell B. Dietrich		ADDRESS De Soto, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
AUG 31 1949
District Health Officer No. 9,
District File Number

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

Mary M. Smith

Licensed Embalmer No. *4394*

P. O. Address *Potosi, 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.