

FILED AUG 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27619

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>4408</u>		Registrar's No. <u>269</u>			
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Smithton</u>		c. LENGTH OF STAY (In this place) <u>5 mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Smithton mo</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South Bend House</u>				3d. STREET ADDRESS (If rural, give location) <u>71</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u> b. (Middle) <u>M</u> c. (Last) <u>Grechen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 4-1949</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Dec 26-1888</u>			
9. AGE (In years last birthday) <u>59</u>		10. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Morgan Co MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>August Rutje</u>			13b. MOTHER'S MAIDEN NAME <u>Katie Dittmer</u>		14. NAME OF HUSBAND OR WIFE <u>August (deceased)</u>				
15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Geo Meyer Smithton mo</u>					
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) <u>Adenocarcinoma, Breast.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 years</u>	
				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. <u>Pulmonary Metastasis</u>				<u>170x</u>	
19a. DATE OF OPERATION <u>1943</u>		19b. MAJOR FINDINGS OF OPERATION <u>adenocarcinoma, breast.</u>				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) (Min)		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>5 July, 1947</u> , to <u>4 Aug, 1949</u> , that I last saw the deceased alive on <u>4 Aug, 1949</u> , and that death occurred at <u>9:20 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>D. Stiegel MD</u>				23b. ADDRESS <u>Smithton Mo</u>		23c. DATE SIGNED <u>5 Aug 49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-6-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Inke Creek</u>		24d. LOCATION (City, town, or county) (State) <u>Smithton Pettis mo</u>			
DATE REC'D BY LOCAL REG. <u>8-6-49</u>		REGISTRAR'S SIGNATURE <u>Betty Yeager Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. F. Neumeier</u>		ADDRESS <u>Smithton mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 8-19-49

JAN 4 1950
AUG 15

AUG 23 1950

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 A. F. Neumann

Licensed Embalmer No. 3912

P. O. Address Smithton 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.