.S. No. 300
EV. 10-48

FILED OCT 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30050

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562 Registrar's No. 20

47
0
6

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

1. PLACE OF DEATH
a. COUNTY: Iron
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pilot Knob
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): /

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Iron
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pilot Knob
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print)
a. (First): Frederick
b. (Middle): /
c. (Last): Dettmer

4. DATE OF DEATH (Month) (Day) (Year): Sept. 16 1949

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug 11 1874
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 1, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Iron Co. Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Adolph Dettmer
13b. MOTHER'S MAIDEN NAME: Elizabeth Arnuldy
14. NAME OF HUSBAND OR WIFE: Ada Dettmer

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: Mrs. Ada Dettmer Pilot Knob 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH: Feb 1-48 & 16-49

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): not known — —
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: — 177X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* Feb 1 *, 19*48*, to* Sep 16 *, 19*49*, that I last saw the deceased alive on* Sep 1 *, 19*49*, and that death occurred at* 6.40A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J H Martin, M.D.
23b. ADDRESS: Ironton, Mo.
23c. DATE SIGNED: Sep 19-41

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 9-18-49
24c. NAME OF CEMETERY OR CREMATORY: Arcadia Valley Memorial Park, Ironton Mo.
24d. LOCATION (City, town, or county) (State): Ironton Mo.

DATE REC'D BY LOCAL REG.: Sept. 20, 1949
REGISTRAR'S SIGNATURE: Mrs Avis Jones 128
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: White Funeral Home, Ironton Mo. G. S. White

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 9-26-49

District Health Officer No. 4

District File Number 949-1262

Date Filed

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 Pascal J. White

Licensed Embalmer No. 3012

P. O. Address Grafton N.D.

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.