

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 21 1949

BIRTH NO. _____		REG. DIST. NO. <u>311</u>		PRIMARY REG. DIST. NO. <u>6032</u>		Registrar's No. <u>23</u>	
1. PLACE OF DEATH a. COUNTY <u>St Clair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Clair</u>			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Rural Appleton Twp</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Appleton Twp 93</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 mi S.E. of Appleton City</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>EDGAR</u>		b. (Middle) <u>LESLIE</u>		c. (Last) <u>DITTY</u>	
4. DATE OF DEATH		(Month) <u>Dec</u>		(Day) <u>15</u>		(Year) <u>1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. <del>MARRIED</del> NEVER MARRIED, <del>WIDOWED</del> <del>DIVORCED</del> (Specify) <u>U</u>		8. DATE OF BIRTH <u>Nov 15 1875</u>	
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>12</u>		IF UNDER 2 HRS. Hour <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>St Clair Co</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>John D Ditty</u>		13b. MOTHER'S MAIDEN NAME <u>Hennetta Youce</u>		14. NAME OF HUSBAND OR WIFE <u>Lora Ditty Appleton City Mo.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lora Ditty Appleton City Mo.</u> ADDRESS <u>Appleton City 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Nephritis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>10 yrs.</u> <u>5 yrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>none performed</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) (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 <u>12/11</u> , 19 <u>49</u> , to <u>12/15</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>12/15</u> , 19 <u>49</u> , and that death occurred at <u>6:15 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>M. O. Bierke, M.D.</u> (Degree or title)				23b. ADDRESS <u>Rockville, Mo.</u>		23c. DATE SIGNED <u>12/17/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 18-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Spring Grove Cem</u>		24d. LOCATION (City, town, or county) (State) <u>near Appleton City Mo</u>	
DATE REC'D BY LOCAL REG <u>Dec. 18, 1949</u>		REGISTRAR'S SIGNATURE <u>Alto Gray</u> <u>285</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Lee Appleton City Mo</u> ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
District Health Officer No. 7,  
District File Number 11-49-1493  
Date Filed 12-20-49

DEC 30 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the <sup>15-</sup>body whose name is recorded on the reverse side of this certificate was embalmed by me, or by on the 15th day of Dec 1949 Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer

Signed Frank Lee

Licensed Embalmer-No. 1099

P. O. Address Appleton City Mi

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.