

FILED FEB 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4669**

4227

Registrar's No. **8**

BIRTH NO. _____		REG. DIST. NO. 139		PRIMARY REG. DIST. NO. 5538		REGISTRAR'S NO. 8	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Holt		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Craig		c. LENGTH OF STAY (In this place) 7 Weeks		a. STATE Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION Craig Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Lincoln Township		d. STREET ADDRESS (If rural, give location) 4 miles North West of Craig Mo.		b. COUNTY Holt	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) Anna	b. (Middle) Margaretha	c. (Last) Dorothea Dege	(Month) Feb.	(Day) 11,	(Year) 1950	Female	6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH Feb. 29, 1880		9. AGE (In years last birthday) 69		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	
10b. KIND OF BUSINESS OR INDUSTRY In the home		11. BIRTHPLACE (State or foreign country) Near Craig, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Henry Dege	
13b. MOTHER'S MAIDEN NAME Elizabeth Evers		13c. NAME OF HUSBAND OR WIFE None		14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Henry Heine		17. ADDRESS Craig Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Dilatation		II. OTHER SIGNIFICANT CONDITIONS Cardio-Vascular-Renal Disease		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.		19a. DATE OF OPERATION	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Cardio-Vascular-Renal Disease		DUE TO (c) _____		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? 442X		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)		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 , 1948, to Feb , 1950, that I last saw the deceased alive on Feb 11 , 1950, and that death occurred at 5:15 P.M. , from the causes and on the date stated above.	
23a. SIGNATURE D. J. Bruce McBoet D.O.		23b. ADDRESS Craig Mo.		23c. DATE SIGNED 2/12/50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 2/13/50		24c. NAME OF CEMETERY OR CREMATORY D.O.O.F.		24d. LOCATION (City, town, or county) (State) Craig Mo.		DATE REC'D BY LOCAL REG. 2-17-50	
REGISTRAR'S SIGNATURE J. Gray		122		25. FUNERAL DIRECTOR'S SIGNATURE Wilber L. Scholer		ADDRESS Craig, Mo.	

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

OCT 18 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

Myself

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Wilber L. Scholer

Licensed Embalmer No. *3997*

P. O. Address *Craig, 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.