

FILED MAR 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7410

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 363 PRIMARY REG. DIST. NO. 6336 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Warren</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural (Charette)</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Charette)</u> <u>1090</u>	
c. LENGTH OF STAY (In this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>U</u> <u>south of Warrenton</u>	
3. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>south of Warrenton</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Oscar</u>		b. (Middle)	c. (Last) <u>Dothage</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 24, 1950</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Sept. 29, 1876</u>
9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR (Months) (Days)	IF UNDER 1 YEAR (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Warren County, Mo. D</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>William Dothage</u>		13b. MOTHER'S MAIDEN NAME <u>Amelia Brueggjenjohann</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME R.F. ADDRESS <u>Mrs. Meta Boemker, Marthasville, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Chronic myocarditis + nephritis</u> <u>10 yrs</u>	
		DUE TO (c) <u>General arteriosclerosis</u> <u>20 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (d) <u>Prostateum with Retention</u> <u>5 yrs</u>	
Conditions contributing to the death but not related to the disease or condition causing death.			
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) <u>42021-</u>
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>Aug. 1929</u> , to <u>Feb 24, 1950</u> , that I last saw the deceased alive on <u>Feb 23, 1950</u> , and that death occurred at <u>6:15 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Herbert H. Schmeiss, M.D.</u>		23b. ADDRESS <u>Marthasville, Mo.</u>	23c. DATE SIGNED <u>2-25-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-27-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Immanuel's Ev. &amp; Ref.</u>
24d. LOCATION (City, town, or county) (State) <u>Holstein, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>2/25/50</u>		REGISTRAR'S SIGNATURE <u>334</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>F.W. Nieburg &amp; Co., Warrenton, Mo.</u>

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

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RECEIVED FEB 28 1950  
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 John Shieburg  
Licensed Embalmer No. 3897

P. O. Address Warrenton, 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.