

FILED JUN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22563

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>363</u>		PRIMARY REG. DIST. NO. <u>6236</u>		Registrar's No. <u>11</u>			
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 township) OR TOWN <u>Dutzow</u>		c. LENGTH OF STAY (in this place) <u>67 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dutzow</u>		1090			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>None</u>				0	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u>			b. (Middle) <u>Mary</u>			c. (Last) <u>Glosemeyer</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>June 11, 1950</u>									
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 23, 1882</u>		9. AGE (In years last birthday) <u>67</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 <u>Own home</u>		11. BIRTHPLACE (State or foreign country) <u>Dutzow, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>		
13a. FATHER'S NAME <u>Frederick Kuemper</u>			13b. MOTHER'S MAIDEN NAME <u>Caroline Dickhaus</u>			14. NAME OF HUSBAND OR WIFE <u>Robert Glosemeyer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Albert Sanders</u>			ADDRESS <u>Peers, 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>Carcinoma of sigmoid rectum</u>						INTERVAL BETWEEN ONSET AND DEATH <u>104 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) _____						15-3X 54 years.	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arteriosclerosis with hypertension</u>							
19a. DATE OF OPERATION <u>1948</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of rectum quad sigmoid</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>April 10, 1939</u> , to <u>June 11, 1950</u> , that I last saw the deceased alive on <u>June 11, 1950</u> , and that death occurred at <u>12 m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Herbert H. Schmidt, M.D.</u>				23b. ADDRESS <u>Marthasville, Mo.</u>			23c. DATE SIGNED <u>6-13-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/14/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Vincents</u>		24d. LOCATION (City, town, or county) (State) <u>Dutzow Missouri</u>			
DATE REC'D BY LOCAL REG. <u>6/13/50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Marthasville, Mo.</u>			

1090
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUN 17 1958
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

working under my personal supervision.

Student Embalmer No.

Signed

Delmont C. Lichtenberg

Signed.....

Student Embalmer

Licensed Embalmer No. 4318

P. O. Address Marthasville, 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.