

FILED MAY 5 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11771

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 117

43  
0

1. PLACE OF DEATH a. COUNTY <u>CALLAWAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CALLAWAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FULTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FULTON</u>	
c. LENGTH OF STAY (In this place) <u>10 DRS.</u>		d. STREET ADDRESS (If rural, give location) <u>3rd ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CALLAWAY HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ANNA</u>	b. (Middle)	c. (Last) <u>DEEMER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>APR. 19 1951</u>
-------------------------------------	------------------------	-------------	-------------------------	-----------------------------------------------------------

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>OCT. 25, 1880</u>	9. AGE (In years last birthday) <u>70</u>	10. MONTHS <u>5</u>	11. DAYS <u>24</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
----------------------	-------------------------------	-----------------------------------------------------------------------	---------------------------------------	-------------------------------------------	---------------------	--------------------	--------------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (State or foreign country) <u>NORWAY</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---------------------------------------------------------------------------------------------------------	-----------------------------------------------	---------------------------------------------------------	--------------------------------------------

13a. FATHER'S NAME <u>D.K.</u>	13b. MOTHER'S MAIDEN NAME <u>D.K.</u>	14. NAME OF HUSBAND OR WIFE <u>Wm H. Deemer</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 <u>Welfare Office, Fulton, Mo.</u>	ADDRESS
--------------------------------------------------------------------------------------------------------------------	-------------------------------------	----------------------------------------------------------------------	---------

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Periculous Aneurysm</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS 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 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 April 8, 1951 to April 19, 1951 that I last saw the deceased alive on April 19, 1951, and that death occurred at about 10 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>Fulton, Mo.</u>	23c. DATE SIGNED <u>4/21-57</u>
-----------------------------------------------------	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/21/1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HILLCREST</u>	24d. LOCATION (City, town, or county) (State) <u>FULTON, MO.</u>
---------------------------------------------------------	----------------------------	-----------------------------------------------------	------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>April 22-1951</u>	REGISTRAR'S SIGNATURE <u>Maritta Lawrence</u> 426	25. FUNERAL DIRECTOR'S SIGNATURE <u>Maupin Funeral Home</u>	ADDRESS <u>Fulton, Mo.</u>
-----------------------------------------------	---------------------------------------------------	-------------------------------------------------------------	----------------------------

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

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE NO. 4

APR 30 1951

RECEIVED

---

---

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.....  
Student Embalmer

Signed Walter J. Haines, Jr.

Licensed Embalmer No. 4557

P. O. Address Fulton, 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.