

FILED MAY 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12178

BIRTH NO. _____		REG. DIST. NO. 118		PRIMARY REG. DIST. NO. 4188		Registrar's No. 14	
1. PLACE OF DEATH a. COUNTY Gasconade				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Gasconade			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Owensville		c. LENGTH OF STAY (In this place) 31 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Owensville		1370	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) Adlena		a. (First)		b. (Middle)		c. (Last) Dehn	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Jan. 7, 1863	
9. AGE (In years last birthday) 88		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Glaser		13b. MOTHER'S MAIDEN NAME Henrietta Jannick		14. NAME OF HUSBAND OR WIFE Rudolph Dehn			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) NO		16. SOCIAL SECURITY NO. **		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ledea Winter Owensville, Mo.			
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) Senility - generalized weakness ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Advanced Age. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH L	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		794x		20. AUTOPSY? YES ☐ NO ☐	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 1949, to April 1951, that I last saw the deceased alive on April 4, 1951, and that death occurred at 6:15a m., from the causes and on the date stated above.							
23a. SIGNATURE R.M. Keller		23b. ADDRESS M.D. Owensville, Mo.		23c. DATE SIGNED 4-7-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-8-1951		24c. NAME OF CEMETERY OR CREMATORY Evangelical Cemetery		24d. LOCATION (City, town, or county) (State) Owensville, Mo.	
DATE REC'D BY LOCAL REG. April 16, 1951		REGISTRAR'S SIGNATURE Dorothy Wallace		25. FUNERAL DIRECTOR'S SIGNATURE Michael W. H. Winter		ADDRESS OWENSVILLE MO.	

(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED
APR 30 1951
DISTRICT HEALTH OFFICE No. 4
File No.

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 Me

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Michael H. Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE 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.