

FILED SEP 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32263

BIRTH NO. _____ REG. DIST. NO. 825 PRIMARY REG. DIST. NO. 4478 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>SCHUYLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MO</u> b. COUNTY <u>SCHUYLER</u>	
b. CITY OR TOWN <u>LANCASTER</u> c. LENGTH OF STAY (in this place) <u>50 yrs</u>		c. CITY OR TOWN <u>LANCASTER</u> d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>L</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SOPHIA</u> b. (Middle) <u>DEUTSCHMANN</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 11, 1951</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>FEB 9 1868</u>
9. AGE (in years last birthday) <u>83</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>4 WEISENBACH AUSTRIA</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>JOHN SCHMID</u>		13b. MOTHER'S MAIDEN NAME <u>MARYA KNITTLE</u>	
14. NAME OF HUSBAND OR WIFE <u>RUDOLPH DEUTSCHMANN</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. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Miss Blm Deutschmann</u>		ADDRESS <u>Lancaster</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Renal infection causing Uremia</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> ANTECEDENT CAUSES DUE TO (b) <u>Arterio sclerosis</u> <u>in chest</u> <u>9 years</u> DUE TO (c) <u>Cardiac weakness</u> <u>1 year</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile malnutrition</u> <u>extreme</u> <u>1 year</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4500</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) _____		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 8, 1951</u> , to <u>Sept. 11, 1951</u> , that I last saw the deceased alive on <u>Sept 11, 1951</u> , and that death occurred at <u>8:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Ida M. Multon, M.D.</u>		23b. ADDRESS <u>Lancaster, Mo</u>	
23c. DATE SIGNED <u>Sept 12, 1951</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>SEPT 13, 51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>LODF CEM</u>		24d. LOCATION (City, town, or county) (State) <u>LANCASTER, MO</u>	
DATE RECD BY LOCAL REG. <u>Sept 13/51</u>		REGISTRAR'S SIGNATURE <u>333 Mrs. R. P. ...</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>R. Head</u>		ADDRESS <u>Lancaster, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 28 1961

Date Received: SEP 18 1961
DISTRICT HEALTH OFFICE #2
District File Number 9-51-1673
Date Filed: SEP 18 1961

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 Everett R. Neesh

Licensed Embalmer No. 4038

P. O. Address Lancaster, 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.