

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

S. No. 300
V. 10.48

State File No. **34514**

FILED NOV 10 1951

BIRTH NO. _____ REG. DIST. NO. **254** PRIMARY REG. DIST. NO. **5867** Registrar's No. **40**

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

1. PLACE OF DEATH a. COUNTY Thayer Oregon			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Oregon		
b. CITY (If outside corporate limits, write RURAL and give township) Thayer (rural)		c. LENGTH OF STAY (in this place) 60 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) Thayer		0750
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) rural		
3. NAME OF DECEASED (Type or Print) FREDRICK		a. (First)	b. (Middle) WILLIAM	c. (Last) KOMM	4. DATE OF DEATH (Month) (Day) (Year) 10 8 51
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 2-7-1871	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 8 Days 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Germany 4		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Wm. Komm		13b. MOTHER'S MAIDEN NAME Dorothea Schrader	14. NAME OF HUSBAND OR WIFE Frances Dodd		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Martin Komm		ADDRESS
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Comany of coal - disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Anterior sclerotic DUE TO (c) Emphysema				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201				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 Jan , 1951, to Oct 8 , 1951, that I last saw the deceased alive on Oct 8 , 1951, and that death occurred at 7:00p m. , from the causes and on the date stated above.					
23a. SIGNATURE Wm. Dopp		(Degree or title) M.D. J. Thayer	23b. ADDRESS Mo		23c. DATE SIGNED 11-2-51
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 10-11-1951	24c. NAME OF CEMETERY OR CREMATORY Thayer Cemetery	24d. LOCATION (City, town, or county) (State) Thayer Missouri		
DATE REC'D BY LOCAL REG. 11-7-51	REGISTRAR'S SIGNATURE Ella Brass 416		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leland Carter Thayer, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

NOV 18 1951

RECEIVED

NOV 9 1951

DISTRICT HEALTH OFFICE No. 6

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.