

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 849

FILED FEB 1 1952

BIRTH NO. _____		REG. DIST. NO. <u>117</u>		PRIMARY REG. DIST. NO. <u>5435</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Boeuf Twp.</u> c. LENGTH OF STAY (in this place) <u>lifetime</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Drake, Mo.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Boeuf Twp.</u> d. STREET ADDRESS (If rural, give location) <u>Drake, Mo.</u>			
3. NAME OF DECEASED (Type or Print) <u>Emma Louise Deppe</u> a. (First) <u>Emma</u> b. (Middle) <u>Louise</u> c. (Last) <u>Deppe</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 20 1952</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>11-8-1874</u>		9. AGE (in years last birthday) <u>77</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>		12. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		13. BIRTHPLACE (State or foreign country) <u>Drake, Mo.</u>		14. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15a. FATHER'S NAME <u>Sam Sutter</u>		15b. MOTHER'S MAIDEN NAME <u>Louise Boeger</u>		16. NAME OF HUSBAND OR WIFE <u>Robert Deppe</u>			
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		18. SOCIAL SECURITY NO. <u>none</u>		19. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Arthur Juedemann</u> ADDRESS <u>Drake, Mo.</u>			
20. 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.		21. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastric Cancer</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) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>					
22a. DATE OF OPERATION		22b. MAJOR FINDINGS OF OPERATION <u>151X</u>		23. AUTOPSY? YES ☐ NO ☒			
24a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		24b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		24c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
25d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		25e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		25f. HOW DID INJURY OCCUR? _____			
26. I hereby certify that I attended the deceased from <u>Dec. 11, 1951</u> , to <u>Jan. 20, 1952</u> , that I last saw the deceased alive on <u>Jan. 19, 1952</u> , and that death occurred at <u>4</u> a. m., from the causes and on the date stated above.							
27a. SIGNATURE <u>E. S. Rhodius M.D.</u> (Degree or title)		27b. ADDRESS <u>Hermann Mo.</u>		27c. DATE SIGNED <u>1/22/52</u>			
28a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		28b. DATE <u>1-22-1952</u>		28c. NAME OF CEMETERY OR CREMATORY <u>Zoar M. E. Cemetery</u>		28d. LOCATION (City, town, or county) (State) <u>near Drake, Mo.</u>	
29. DATE REC'D BY LOCAL REG. <u>1/20/52</u>		30. REGISTRAR'S SIGNATURE <u>Edmund Wells</u>		31. FUNERAL DIRECTOR'S SIGNATURE <u>Michael J. H. White</u> ADDRESS <u>OWENSVILLE, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Myself H H Wintz

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.