S. No. 800
Rev. 10.48

FILED APR 28 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12526

BIRTH NO. 206 30 REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 59

536 W 0

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington, Mo
c. LENGTH OF STAY (In this place): 6 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Francis Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington RFD. 2. 036 W
d. STREET ADDRESS (If rural, give location): 2 mi South Cloverbottom Rd

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) John c. (Last) Deppe
4. DATE OF DEATH: (Month) 4 (Day) 20 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): ✓
8. DATE OF BIRTH: 4/19/52
9. AGE (In years last birthday): If under 1 year: Months / Days; If under 24 hrs.: Hours / Min. 5 hrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ✓
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): Washington, Mo
12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME: Lester Deppe
13b. MOTHER'S MAIDEN NAME: Alice Coghlan
14. NAME OF HUSBAND OR WIFE: ✓
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Lester Deppe, Washington

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature birth — INTERVAL BETWEEN ONSET AND DEATH: Mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Placental atrophy
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 ☐ 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* 4-19-52, 19___, *to* 4-20, 1952, *that I last saw the deceased alive on* 4-20, 1952, *and that death occurred at* 12:45 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. O. Munch (Degree or title) M.D
23b. ADDRESS: Washington Mo
23c. DATE SIGNED: 4-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/20/52
24c. NAME OF CEMETERY OR CREMATORY: St Peters Church Cem
24d. LOCATION (City, town, or county) (State): Casco, Mo.

DATE REC'D BY LOCAL REG.: Apr 28 1952
REGISTRAR'S SIGNATURE: F. C. Stuhlmann by L. O. Stuhlmann
25. FUNERAL DIRECTOR'S SIGNATURE: Hartberg & Vettiger
ADDRESS: Washington By G. P. Hartberg Mo
(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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Licensed Embalmer No. 2381

P. O. Address Washington, 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.