

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25142

State File No.

FILED AUG 11 1952

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u> <u>0681</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California, Missouri</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Otto</u>	b. (Middle) <u>Martin</u>	c. (Last) <u>Lademann</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>August 1 1952</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>December 2, 1881</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>70</u> <u>7</u> <u>29</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Moniteau County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Otto Maritz Lademann</u>	13b. MOTHER'S MAIDEN NAME <u>Bertha Reig</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Elisa Lademann</u>
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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>Oscar Lademann</u>	ADDRESS <u>Tipton, Missouri</u>
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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) <u>Atherosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) <u>California, Moniteau, Mo.</u>
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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?
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22. I hereby certify that I attended the deceased from Aug 3, 1952, to Aug 1, 1952, that I last saw the deceased alive on Aug 1, 1952, and that death occurred at 4 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Name or Title) <u>Oscar Lademann</u>	23b. ADDRESS <u>California, Mo</u>	23c. DATE SIGNED <u>8/2/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>3:30 p.m.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul Luth. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>California, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>8/3/52</u>	REGISTRAR'S SIGNATURE <u>H.R. Popejoy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. E. Friedmeyer</u>	ADDRESS <u>California, Mo</u>
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

M. E. Friedman

Signed.....
Student Embalmer

Licensed Embalmer No. *2854*

P. O. Address *California M.*

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.