

S. No. 300  
V. 10.48

FILED JUL 23 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26724

XC1715220  
REG #102324

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>1868</u>		
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u> <u>0</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CALLAWAY 0143</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>JEFFERSON BARRACKS</u>			c. LENGTH OF STAY (in this case) <u>42 DAYS</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>FULTON</u>			1	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>VETERANS ADMINISTRATION HOSP</u>				d. STREET ADDRESS (If rural, give location) <u>314 WEST 5TH STREET</u>				
3. NAME OF DECEASED (Type or Print)		a. (First) <u>WILLIAM</u>	b. (Middle) <u>C</u>	c. (Last) <u>DATERMAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7-4-52</u>			
5. SEX <u>MALE</u> <u>0</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED /</u>	8. DATE OF BIRTH <u>3-8-93</u>	9. AGE (In years last birthday) <u>59</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LOCKMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RIVER COMMERCE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MORRIS, ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>WILLIAM DATERMAN</u>		13b. MOTHER'S MAIDEN NAME <u>ALICE CUMMINGS</u>		14. NAME OF HUSBAND OR WIFE <u>ESTHER M. DATERMAN</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u> <u>WW I</u>		16. SOCIAL SECURITY NO. <u>312109354</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VA HOSPITAL RECORDS, JEFF. BRKS., MO.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF LEFT LUNG</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.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: <u>163X</u>				20. AUTOPSY? YES <input checked="" 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) <u>VA</u>		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>5-23-52</u> , 19 <u>52</u> , to <u>7-4-52</u> , 19 <u>52</u> , <del>XXXXXXXXXXXXXXXXXXXX</del> and that death occurred at <u>3:00A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Mary H. G. Reichey MD 0</u>			23b. ADDRESS <u>VAH JEFFERSON BARRACKS, MO.</u>			23c. DATE SIGNED <u>7-4-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 6, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HILLCREST, FULTON, MO.</u>		24d. LOCATION (City, town, or county) (State) <u>FULTON, MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>7-8-52</u>			REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wallace Funeral Home</u> <u>Fulton, Mo.</u>			

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

SW (Licensed Embalmer's Statement on Reverse Side)

SEP 18 1952

AUG 11 1952

AUG 23 1952

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 William C. Terhese

Licensed Embalmer No. 4870

P. O. Address Dutton, Mass

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.