

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31269

State File No.

FILED OCT 8 1952

BIRTH NO. REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 4188 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Owensville	c. LENGTH OF STAY (in this place) 45 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Owensville	
d. FULL NAME OF HOSPITAL OR INSTITUTION 207 W. Moore		d. STREET ADDRESS (If rural, give location) 207 W. Moore	

3. NAME OF DECEASED (Type or Print)	a. (First) Louis	b. (Middle)	c. (Last) Depperman	4. DATE OF DEATH (Month) 9 (Day) 14 (Year) 1952
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 3-23-1870	9. AGE (in years last birthday) 82 yrs	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter	10b. KIND OF BUSINESS OR INDUSTRY carpentering	11. BIRTHPLACE (City and State or Foreign Country) New Haven, Mo., Rt. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry Depperman	13b. MOTHER'S MAIDEN NAME Wilhelmina Bohle	14. NAME OF HUSBAND OR WIFE Anna Richtermeyer Depper
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Emil Depperman Owensville, Mo.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8 wks.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lt. Hemiplegia - Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis, advanced		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		8 wks. + 8 wks. +	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 7-28, 1952, to 9-14, 1952, that I last saw the deceased alive on 9-14, 1952, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Doctor or other)	23b. ADDRESS	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-17-1952	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Owensville, Mo.
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DATE REC'D BY LOCAL REG. Sept 22, 1952	REGISTRAR'S SIGNATURE Dorothy Hall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mildred H H Winter OWENSVILLE
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(Licensed Embalmer's Statement on Reverse Side)

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

0370

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 Malcolm H. H. Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE, KY

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.