

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DEC 29 1952

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3672** Registrar's No. **44**

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Alma,	
c. LENGTH OF STAY (In this place) 33 da.		d. STREET ADDRESS (If rural, give location) /	
d. FULL NAME OF HOSPITAL OR INSTITUTION Stitzgibbon Hosp.			

3. NAME OF DECEASED (Type or Print) John. Friederich Doenzelman	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 12 22 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 22, 1886	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Days 1	IF UNDER 24 HRS. Hours /	IF UNDER 15 MIN. Min. /
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Groc. & Meats	11. BIRTHPLACE (City and State or Foreign Country) Bremerhaven, Germany	12. CITIZEN OF WHAT COUNTRY? U. S. /
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13a. FATHER'S NAME Don't know	13b. MOTHER'S MAIDEN NAME Don't know	14. NAME OF HUSBAND OR WIFE Carrie Doenzelman
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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) No.	16. SOCIAL SECURITY NO. 800886XXX	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Carrie Doenzelman Alma, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma pancreas	INTERVAL BETWEEN ONSET AND DEATH 3 MI.
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused 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. 177X	

19a. DATE OF OPERATION 12-8-52	19b. MAJOR FINDINGS OF OPERATION Large Cancer mass originating in pancreas	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **11-19, 1952, to 12-22, 1952**, that I last saw the deceased alive on **12-22, 1952**, and that death occurred at **11:15P. m.**, from the causes and on the date stated above.

23a. SIGNATURE R. F. Fisher M.D. (Degree or title)	23b. ADDRESS Marshall, Mo.	23c. DATE SIGNED 12-23-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/26/52	24c. NAME OF CEMETERY OR CREMATORY Trinity Lutheran	24d. LOCATION (City, town, or county) (State) Alma, Lafayette, Mo.
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DATE REC'D BY LOCAL REG. Dec. 23-1952	REGISTRAR'S SIGNATURE Sidney T Gray	3-85	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alfred H. Bremer, Alma, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 10 1953

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 Alfred N. Green

Licensed Embalmer No. 2696

P. O. Address Alma, 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.