

S. No. 30
V. 10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28047

State File No. _____

FILED AUG 24 1953

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 4124 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY Clark		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Clark	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kahoka		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kahoka Mo	
c. LENGTH OF STAY (in this place) 9 Mo.		d. STREET ADDRESS (If rural, give location) 0230	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wards Rest Home			

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Belle c. (Last) Dochterman			4. DATE OF DEATH (Month) (Day) (Year) Aug 10 - 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH Dec 1 - 1865		9. AGE (In years last birthday) 87		10. KIND OF BUSINESS OR INDUSTRY Housekeeping	
11. BIRTHPLACE (State or foreign country) Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Isaac Anthony		13b. MOTHER'S MAIDEN NAME Jane Sedan		14. NAME OF HUSBAND OR WIFE Henry F. Dochterman	
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 Grace Dochterman Wyzanski ADDRESS Wyzanski	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Fertility ANTECEDENT CAUSES Coronary Sclerosis 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.		INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		20. AUTOPSY? YES <input 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)		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 1-1-1952 to 8-10-1953 that I last saw the deceased alive on 8/5-1953 , and that death occurred at 3 P m., from the causes and on the date stated above.					

23a. SIGNATURE OF REGISTRAR W. W. Wyzanski (Degree or title)		23b. ADDRESS Kahoka Mo		23c. DATE SIGNED 8/14-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Aug 12-1953		24c. NAME OF CEMETERY OR CREMATORY Cambs Ce.	
		24d. LOCATION (City, town, or county) (State) Leroy - Clark Mo.			

DATE REC'D BY LOCAL REG. 8/14-53		REGISTRAR'S SIGNATURE W. W. Wyzanski		25. FUNERAL DIRECTOR'S SIGNATURE Tullney Wied. ADDRESS Kahoka Mo.	
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(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 *Otis L. Tuttle*

Licensed Embalmer No. *2965*

P. O. Address *Meray 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.