

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32245**

FILED OCT 13 1953

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 131

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg	
c. LENGTH OF STAY (In this place) 47 Yrs.		d. STREET ADDRESS (If rural, give location) 215 West South Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 215 West South Street		e. STREET ADDRESS (If rural, give location) 215 West South Street	

3. NAME OF DECEASED (Type or Print) a. (First) Theodore b. (Middle) Fredrick c. (Last) Dallmann			4. DATE OF DEATH (Month) (Day) (Year) Sept. 30, 1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Aug. 28, 1865		9. AGE (In years last birthday) 88		IF UNDER 1 YEAR: Months 0 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Grain & Stock		11. BIRTHPLACE (City and State or Foreign Country) Germany	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Carl Christopher Dallmann		13b. MOTHER'S MAIDEN NAME Wilmena Thuro		14. NAME OF HUSBAND OR WIFE Bertha M. Dallmann	
--	--	---	--	--	--

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. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Willis Barbee, Warrensburg, Mo	
---	--	--	--	---	--

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) <u>Generalized Atherosclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 month</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			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) Warrensburg, Missouri	
--	--	--	--	---	--

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	
--	--	--	--	---------------------------	--

22. I hereby certify that I attended the deceased from Aug 15, 1953, to Sept 30, 1953, that I last saw the deceased alive on 9-29, 1953, and that death occurred at 5* m., from the causes and on the date stated above.

23a. SIGNATURE <i>A. Lee Cooper</i>		(Degree or title)		23b. ADDRESS Warrensburg		23c. DATE SIGNED 10/1/53	
--	--	-------------------	--	------------------------------------	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 2, 1953		24c. NAME OF CEMETERY OR CREMATORY Sunset Hill		24d. LOCATION (City, town, or county) (State) Warrensburg, Missouri	
--	--	----------------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. Oct. 1, 1953		REGISTRAR'S SIGNATURE <i>Savannah Creel</i>		25. FUNERAL DIRECTOR'S SIGNATURE Sweeney Phillips, Warrensburg, Mo.		ADDRESS	
---	--	--	--	---	--	---------	--

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

OCT 5 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

John P. Rodgers

Student Embalmer No. 490

working under my personal supervision.

Student

John P. Rodgers
Student Embalmer

Signed

J. Earl Fries

Licensed Embalmer No. 3878

P. O. Address Warrensburg, 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.