

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1 846

FILED FEB 1 1954

BIRTH NO. _____		REG. DIST. NO. <u>119</u>		PRIMARY REG. DIST. NO. <u>5443</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>GASCONADE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>GASCONADE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL ROARKINA TOWNSHIP</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL ROARKINA TOWNSHIP</u>			
c. LENGTH OF STAY (in this place) <u>704RS</u>				d. STREET ADDRESS (If rural, give location) <u>12 MI. WEST OF HERMANN</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. FULL NAME OF HOSPITAL OR INSTITUTION _____			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
<u>1954</u>		<u>JAN</u>		<u>6</u>		<u>1954</u>	
5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. UNDER 1 YEAR	11. UNDER 1 YEAR	12. UNDER 1 YEAR
<u>FEMALE</u>	<u>WHITE</u>	<u>WIDOWED</u>	<u>AUG 31-1879</u>	<u>74</u>	Months	Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>HOUSEWIFE</u>		<u>HOUSEWORK</u>		<u>MISSOURI</u>		<u>U.S.</u>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE			
<u>FERDINAND RETTKE</u>		<u>MARIE WOOTLEY</u>		<u>HY W. BEGEMANN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME			
<u>NO</u>		<u>NONE</u>		<u>Mrs Frieda Ouchen Hermann Mo</u>			
18. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?			
<u>1954</u>		<u>Myocardial Infarction</u>		<u>4 hours</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?			
<u>1954</u>		<u>Myocardial Infarction</u>		<u>4 hours</u>			
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)		21d. (STATE)	
<u>1954</u>		<u>1954</u>		<u>1954</u>		<u>1954</u>	
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?			
<u>1954</u>		<u>1954</u>		<u>1954</u>			
22. I hereby certify that I attended the deceased from <u>1951</u> , to <u>Dec 28</u> , <u>1953</u> , that I last saw the deceased alive on <u>Dec 28</u> , <u>1953</u> , and that death occurred at <u>8:30 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title)		23b. ADDRESS		23c. DATE SIGNED			
<u>Dr. J. Ryan</u>		<u>Hermann Mo</u>		<u>1-7-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
<u>BURIAL</u>		<u>1-9-54</u>		<u>ST JOHN'S STOLPE</u>		<u>HERMANN, MO</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE			
<u>1-8-54</u>		<u>Helma</u>		<u>Hugo St. ...</u>			

(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.....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

Student Embalmer No. ....

Licensed Embalmer No. ....

P. O. Address.....

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.