

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. DILLS

1005

State File No.

FILED FEB 1 1954

BIRTH NO.

REG. DIST. NO.

128

PRIMARY REG. DIST. NO.

2000

Registrar's No.

85

1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GREENE					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN SPRINGFIELD		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 216 MT. VERNON				e. STREET ADDRESS (If rural, give location) 216 MT. VERNON 03960					
3. NAME OF DECEASED (Type or Print) a. (First) JOE		b. (Middle)		c. (Last) TSCHETTER		4. DATE OF DEATH (Month) (Day) (Year) JAN. 21 1954			
5. SEX <input type="radio"/> MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH JAN. 29, 1889		9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOER		10b. KIND OF BUSINESS OR INDUSTRY LABORER		11. BIRTHPLACE (City and State or Foreign Country) FREEMAN SO. DAKOTA		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME PAUL W. TSCHETTER			13b. MOTHER'S MAIDEN NAME ANNIE HOFFER		14. NAME OF HUSBAND OR WIFE X				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Personal Papers					
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION ANTECEDENT CAUSES HYPERTENSIVE CARDIOVASCULAR DISEASE - ATRIAL FIBILLATION Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 20" 6 MO	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) 4201					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 June 1953, to 1-20-1954, that I last saw the deceased alive on 1-20-1950 and that death occurred at 9:00 A.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Joseph D. Dills M.D.				23b. ADDRESS Springfield Mo.		23c. DATE SIGNED 1-22-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1/25/54	24c. NAME OF CEMETERY OR CREMATORY HAZELWOOD CEMETERY		24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI				
DATE REC'D BY LOCAL REG. 1-25-54		REGISTRAR'S SIGNATURE Edith Williamson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.H. LOHMEYER SPRINGFIELD, MO.					

(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.....
Signature of Student Embalmer

Signed *Walter E. Hamilla*.....

Licensed Embalmer No... 3808

P. O. Address..... SPRINGFIELD

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.