

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8094

State File No. ....

BIRTH NO. FILED APR 9 1954 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY <i>Cole</i>		2. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission.) a. STATE <i>Mo</i> b. COUNTY <i>Maries</i>	
b. CITY OR TOWN <i>Jefferson City Mo</i>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <i>Rural Jackson</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Marys Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>Vienna Mo</i>	

3. NAME OF DECEASED a. (First) <i>Elizabeth</i> b. (Middle) <i>Catherine</i> c. (Last) <i>DETTE</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Apr 4, 1954</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>March 2, 1884</i>
9. AGE (In years last birthday) <i>70 1 2</i>		10. IF UNDER 1 YEAR (Months) <i>1 2</i>	
11. IF UNDER 24 HRS. (Hours) (Min.)			

12. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)		13. KIND OF BUSINESS OR INDUSTRY		14. BIRTHPLACE (State or foreign country) <i>Mo</i>		15. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
16a. FATHER'S NAME <i>Carl Kieppert</i>		16b. MOTHER'S MAIDEN NAME <i>Winkerson</i>		16c. NAME OF HUSBAND OR WIFE <i>Charles Dette</i>			
17a. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>		17b. SOCIAL SECURITY NO.		17c. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Charles Dette Vienna Mo</i>			

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>adenocarcinoma of the ovary &amp; metastasis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>one year</i>
	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 <i>175 X</i>	20. AUTOPSY? YES <input checked="" 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 *Oct*, 1954, to *April 4*, 1954, that I last saw the deceased alive on *April 4*, 1954, and that death occurred at *7:05 P. m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>James J. Mick M.D.</i>		23b. ADDRESS <i>Jeff City Mo</i>		23c. DATE SIGNED <i>April 4, 1954</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>Apr 7, 1954</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Restation Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Vienna Mo</i>		
DATE REC'D BY LOCAL REG. <i>April 4, 1954</i>	REGISTRAR'S SIGNATURE <i>R.P. Dorris M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Mc...</i>		ADDRESS <i>Vienna Mo</i>	

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

SEP 2 1967

**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 Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_

*W. C. Brumfield*

Signed.....  
Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

*3664*

P. O. Address \_\_\_\_\_

*St. Louis, 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.