

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23808

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5832 Registrar's No. 78

| | | | |
|---|----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Newton</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Camp Crowder</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Camp Crowder Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>210 North Lincoln</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Monica</u> b. (Middle) <u>Marie</u> c. (Last) <u>DeMann</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 16, 1954</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u> | 8. DATE OF BIRTH <u>Jan 1, 1954</u> |
| 9. AGE (In years last birthday) <u>0</u> <u>6</u> <u>16</u> | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Child</u> | |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Stuttgart Germany</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>Germany</u> | |
| 13a. FATHER'S NAME <u>Donald DeMann</u> | | 13b. MOTHER'S MAIDEN NAME <u>Margaretta Mueller</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Child</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | |
| 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Donald DeMann</u> | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | 19. INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumonia</u> | | MEDICAL CERTIFICATION | |
| 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 <u>491X</u> | |
| 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) (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 <u>15 July, 1954</u> , to <u>16 July, 1954</u> , that I last saw the deceased alive on <u>16 July, 1954</u> , and that death occurred at <u>7:00 p. m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Clarence E. Wiltsie</u> | | 23b. ADDRESS (Degree or title) <u>M.D. Camp Crowder, MO.</u> | |
| 23c. DATE SIGNED <u>16 July 54</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>7.19.54</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Neosho, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>7/18/54</u> | | REGISTRAR'S SIGNATURE <u>Melvin C. Bauman</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark-Bigham Mortuary</u> | | ADDRESS <u>Neosho, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

0730

0732

ST. LOUIS COUNTY HEALTH UNIT

RECEIVED

District Health Officer No: _____
District File Number 15A-147
Date Filed 7/23/51

NEOSHO, MISSOURI

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 *Erica Donahue*

Licensed Embalmer No. 3590

P. O. Address *Joplin, 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.