

No. 300
10.48

FILED OCT 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29749

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 65

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

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lamar		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lamar	
c. LENGTH OF STAY (in this place) 26 yrs		d. STREET ADDRESS (If rural, give location) 1404 Gulf	
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) FRED b. (Middle) _____ c. (Last) DAETWYLER			4. DATE OF DEATH (Month) (Day) (Year) Sept 30 1954		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Oct 9 1889		9. AGE (In years last birthday) 73		10. IF UNDER 1 YEAR Days Hours Min. 11 21	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Co-Owner Wholesale Automobile Supplies		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Dillon, Illinois	
				12. CITIZEN OF WHAT COUNTRY? U. S.	

13a. FATHER'S NAME Adolph Daetwyler		13b. MOTHER'S MAIDEN NAME Louise Kahler		14. NAME OF HUSBAND OR WIFE Rheua Dudgeon Datewyler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Rheua Daetwyler, Lamar, Missouri	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Recto-Sigmoid.		INTERVAL BETWEEN ONSET AND DEATH Found Aug 30 - 54	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Multiple metastases, Liver DUE TO (c) full of metastases		Sept 9, '54	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Stays clinic		153 X	

19a. DATE OF OPERATION Sept. 9, 1954		19b. MAJOR FINDINGS OF OPERATION Carcinoma, grade IV. Recto sigmoid. Liver full of metastases		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 30, 1954, to Sept 30, 1954, that I last saw the deceased alive on Sept 29, 1954, and that death occurred at 1:45a m., from the causes and on the date stated above.

23a. SIGNATURE Ben T. Bichel, M.D. (Degree or title)		23b. ADDRESS Lamar, Missouri		23c. DATE SIGNED Oct 1, 54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 2 1954		24c. NAME OF CEMETERY OR CREMATORY Iantha	
				24d. LOCATION (City, town, or county) (State) Iantha, Missouri	

DATE REC'D BY LOCAL REG. OCT 2 - 1954		REGISTRAR'S SIGNATURE Marie Konantz		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Konantz Funeral Home, Lamar, Missouri	
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MAR 3 1961

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 _____

Licensed Embalmer No. 2247

P. O. Address Hammar, 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.