

FILED FEB 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4304

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>3020</u>		Registrar's No. <u>65</u>			
1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo</u>				b. COUNTY <u>GASCONADE</u>	
b. CITY OR TOWN <u>WASHINGTON</u>		c. LENGTH OF STAY (in this place) <u>6 YRS</u>		c. CITY OR TOWN <u>HERMANN</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ST. FRANCIS HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>614 WASHINGTON ST</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>HUGO</u>			b. (Middle) <u>FREDERICK</u>			c. (Last) <u>DOTHAGE</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 15 1956</u>			5. SEX <u>MALE</u>			6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>MARCH 19-1889</u>			9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months Days		IF UNDER 25 YRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BARBER</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>WARREN Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US.</u>	
13a. FATHER'S NAME <u>Wm DOTHAGE</u>			13b. MOTHER'S MAIDEN NAME <u>LOUISE MEYER</u>			14. NAME OF HUSBAND OR WIFE <u>ESTHER DOTHAGE</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>488-38448</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Esther DOTHAGE</u>			ADDRESS <u>HERMANN MO</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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDIAL INFARCTION</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CORONARY ARTERIOSCLEROSIS</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>9 HRS</u> <u>2 YRS</u>	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			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) (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>2-9</u> , 19 <u>56</u> , to <u>2-15</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2-15</u> , 19 <u>56</u> , and that death occurred at <u>9:50 AM.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>George M. Workman M.D.</u>			23b. ADDRESS <u>HERMANN, MO</u>			23c. DATE SIGNED <u>2-16-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2/18/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WARRENTON City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>WARRENTON MO</u>			
DATE REC'D BY LOCAL REG. <u>2/17/56</u>		REGISTRAR'S SIGNATURE <u>R. P. Hudson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>REGON Blumer</u>		ADDRESS <u>HERMANN MO</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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 316

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.