

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34992

STATE FILE NUMBER

FILED NOV 14 1956

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 204

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Gasconade</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rolla</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>BLAND</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Phelps County Memorial Hosp.</b>			Length of stay in hb <b>3-days</b>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <b>ANNA BARBARA DITTMAN</b>				4. DATE OF DEATH Month Day Year <b>Nov. 1 - 1956</b>					
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>JAN-11-1907</b>		9. AGE (In years last birthday) <b>49</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Factory worker</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe Industry</b>		11. BIRTHPLACE (City and state or country) <b>Gasconade County - Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>Henry Dittman</b>				14. MOTHER'S MAIDEN NAME <b>Elizabeth Strach</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>494-32-0378</b>		17. INFORMANT Address <b>Mrs. Nora Wince - Bland Mo</b>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute CARDIAC FAILURE</b>							INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>CARDIAC ANOXIA</b>					10 min		
		DUE TO (c) <b>PULMONARY Embolism</b>					1 hour		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Post Surgical Embolism</b>							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>PULMONARY Embolism following Pelvic Surg.</b>						
20c. TIME OF INJURY Hour Month, Day, Year <b>12:50 p.m. 11-1-56</b>									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Hospital</b>		20f. CITY, TOWN, OR LOCATION <b>Rolla</b>		COUNTY <b>Phelps</b>		STATE <b>MO</b>	
21. I attended the deceased from <b>5-15-56</b> to <b>11-1-56</b> and last saw her <sup>her</sup> <del>best</del> alive on <b>11-1-56</b> Death occurred at <b>12:50 Pm</b> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>Wm Fiedler No. 9</b>				22b. ADDRESS <b>BLAND Mo.</b>			22c. DATE SIGNED <b>11-5-56</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>Nov 4-1956</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Howard Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Gasconade County - Mo.</b>			
24. NUMBER OF DEATHS BY THIS CAUSE <b>Christine Gasconade Bland-Mo</b>				25. DATE RECD. BY LOCAL REG. <b>Nov. 5, 1956</b>		26. REGISTRAR'S SIGNATURE <b>Nadine L. Stoll</b>			

(Licensed Embalmer's Statement on Reverse Side)

health, welfare and public service  
 300  
 1-56  
 All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Every coroner must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED

Phelps County Health Officer,

County File Number 581

Date Filed 11-13-56

NOV 24 1956

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 Chute Jassman

Licensed Embalmer No. 417

P. O. Address Bland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.