

FILED DEC 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37511**

BIRTH NO. _____		REG. DIST. NO. <u>100</u>		PRIMARY REG. DIST. NO. <u>3018</u>		Registrar's No. <u>84</u>	
1. PLACE OF DEATH a. COUNTY Dent				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Salem)		c. LENGTH OF STAY (in this place) 3 yrs		c. CITY OR TOWN Salem		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Harts Clinic				e. STREET ADDRESS (If rural, give location) Washington Ave 033/0			
3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) - c. (Last) Dollmeyer			4. DATE OF DEATH Month Dec Day 5 Year 1956				
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, ³ WIDOWED, DIVORCED (Specify) divorced		8. DATE OF BIRTH Jan 14 1891	
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) St Charles Mo		12. CITIZEN OF WHAT COUNTRY? U S	
13a. FATHER'S NAME Henry C Dollmeyer			13b. MOTHER'S MAIDEN NAME Josephine Meinsohn		14. NAME OF HUSBAND OR WIFE not available		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. 498-09-1758		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ray Schaberg St Charles Mo			
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) Cerebral Hemorrhage ANTECEDENT CAUSES 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. 331.X				INTERVAL BETWEEN ONSET AND DEATH 7 weeks	
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) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Nov</u> , 19 <u>54</u> , to <u>Dec.</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Dec. 5</u> , 19 <u>56</u> , and that death occurred at <u>6 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Ray Mitchell M.D.				23b. ADDRESS Salem, Mo.		23c. DATE SIGNED 12/7/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-5-56		24c. NAME OF CEMETERY OR CREMATORY Dollmeyer-Son Fun. Home		24d. LOCATION (City, town, or county) (State) St Charles Mo	
DATE REC'D BY LOCAL REG. 12-7-56		REGISTRAR'S SIGNATURE R. E. Mitchell		25. FUNERAL DIRECTOR'S SIGNATURE Carl E. Spurr		ADDRESS Salem Mo	

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

DEC 14 1958

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..... *Carl H. Jensen*

Licensed Embalmer No. *937*

P. O. Address..... *Salina*

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.