

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

FILED DEC 31 1956

State File No. 42363

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 38	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lebania</u>		c. LENGTH OF STAY (in this place) <u>15 da</u>		c. CITY OR TOWN <u>Smithton</u>		d. Is Residence within limits of a city or incorporated town? Yes <u>8</u> No <u>5</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell</u>				e. STREET ADDRESS (If rural, give location) <u>08001</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Harry</u>		b. (Middle) _____		c. (Last) <u>Demand</u>	
4. DATE OF DEATH		(Month) <u>Dec</u>		(Day) <u>24</u>		(Year) <u>56</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>		8. DATE OF BIRTH <u>Jan 6-1888</u>		9. AGE (In years last birthday) <u>74</u> If UNDER 1 YEAR: Months <u>11</u> Days <u>25</u> If UNDER 1 M. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during usual working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Smithton Pettis Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George Demand</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Mees</u>		14. NAME OF HUSBAND OR WIFE <u>Fanny</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>Not known</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Marian Demand</u> ADDRESS <u>Smithton</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Arteriosclerotic Cerebrovascular Disease</u> 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. Interval between onset and death _____				19. DATE OF OPERATION	
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 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>12-10-1956</u> to <u>12-26-1956</u> that I last saw the deceased alive on <u>12-26-1956</u> , and that death occurred at <u>4:45 A.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>P. V. Siegel MD</u> (Degree or title)		23b. ADDRESS <u>Smithton Mo</u>		23c. DATE SIGNED <u>12/27/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 28 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Smithton</u>		24d. LOCATION (City, town, or county) (State) <u>Smithton Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-28-56</u>		REGISTRAR'S SIGNATURE <u>Larimer County Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. F. Neumyer</u> ADDRESS <u>Smithton</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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. ~~74~~ working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *A. F. Newman*

Licensed Embalmer No. *391*

P. O. Address *Amritville*

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.