

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5290**

FILED FEB 20 1957

BIRTH NO. _____ REG. DIST. NO. **162** PRIMARY REG. DIST. NO. **5594** Registrar's No. **6**

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY JEFFERSON	
b. CITY OR TOWN MERAMEC TOWNSHIP		c. CITY OR TOWN MERAMEC TOWNSHIP - RURAL	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION RURAL HILLSBORO RR#2		e. STREET ADDRESS (If rural, give location) HILLSBORO RR#2	

3. NAME OF DECEASED (Type or Print) a. (First) DANIEL		b. (Middle) GOTTLIEB		c. (Last) DOLDE		4. DATE OF DEATH (Month) (Day) (Year) FEB. 4-1957	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1		8. DATE OF BIRTH OCT. 19-1876		9. AGE (In years last birthday) Months Days Hours Min. 80 3 15	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY RET. OWN FARM		11. BIRTHPLACE (City and State or Foreign Country) CATAWISSA MO D		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME DANIEL DOLDE		13b. MOTHER'S MAIDEN NAME CHARLOTTE KIRCHNER		14. NAME OF HUSBAND OR WIFE MARY DOLDE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME John C Dolde	
				ADDRESS Hillsboro Mo RR#2	

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 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis DUE TO (c) Senility.		INTERVAL BETWEEN ONSET AND DEATH 4 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331x		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) Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **2/1**, 19**57** to **2/3**, 19**57**, that I last saw the deceased alive on **2/3**, 19**57**, and that death occurred at **1:00** p.m., from the causes and on the date stated above.

23a. SIGNATURE Chas. E. Owen, M.D.		23b. ADDRESS De Soto Mo.		23c. DATE SIGNED 2/6/57	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/7/57		24c. NAME OF CEMETERY OR CREMATORY Cedar Hill Baptist		24d. LOCATION (City, town, or county) (State) Cedar Hill - Mo	
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DATE REC'D BY LOCAL REG. Feb 9 1957		REGISTRAR'S SIGNATURE Ruth Jissa		25. FUNERAL DIRECTOR'S SIGNATURE Bummer General Home		ADDRESS Home Springs Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

438

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

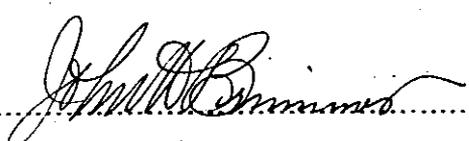
DATE RECEIVED

FEB 13 1957

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. 1470

P. O. Address. *House Spring*

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.