

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12564

FILED MAY 13 1957

STATE FILE NUMBER

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 152

Health,
& Welfare
Public
Service

S. 300
v. 1-56

All
diseases
will be
listed. All
coroner
cannot
certify to
a death
due to
natural
causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Securing the medical certification in the specific manner required by 1933 laws makes it possible for the coroner, doctor, etc. to 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.

69-0

1. PLACE OF DEATH a. COUNTY <i>Cole</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Loscomada</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Jelksion City</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Hermann Mo</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location & length of stay in 1b) <i>Charles E. Hill Doys</i> HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <i>Main St 0310A</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>Martha Dickgrafa</i>		4. DATE OF DEATH <i>May 7 1957</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Jan 10 1883</i>
9. AGE (In years last birthday) <i>74</i>		10. KIND OF BUSINESS OR INDUSTRY <i>Houswife</i>	11. BIRTH PLACE (City and state or country) <i>Hermann Mo</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>W. Schneider</i>		14. MOTHER'S MAIDEN NAME <i>Mary Hirsch</i>	
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. <i>443X</i>	
17. INFORMANT <i>Mrs. Clarence Liebich</i>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>medullary paralysis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>subarachnoid hemorrhage</i> DUE TO (c) <i>hypertensive heart disease</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <i>diabetes mellitus</i>			INTERVAL BETWEEN ONSET AND DEATH <i>15 min.</i> <i>32 hrs.</i>
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour <i>12:40 PM</i> a. m. <i></i> p. m. <i></i>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>5/6/57</i> to <i>5/7/57</i> and last saw <i>her</i> alive on <i>5/7/57</i> Death occurred at <i>12:40 PM</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>C. E. Hoover</i> (Degree or title)		22b. ADDRESS <i>420 E. High St.</i>	22c. DATE SIGNED <i>5/7/57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>May 10 1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>City Cemetery</i>	
23d. LOCATION (City, town, or county) <i>Hermann Mo</i>		(State)	
24. FUNERAL DIRECTOR <i>Chas. Buercher</i> ADDRESS <i>St. Mo</i>		25. DATE RECD. BY LOCAL REG. <i>8 Aug 1957</i>	26. REGISTRAR'S SIGNATURE <i>R.P. Dorris, MD. JR.</i>

(Rudiger Funeral Home) Hermann (L. Sp... Embalmer's Statement on Reverse Side)

JUL 25 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 *Victor Buecher*

Licensed Embalmer No. *31*

P. O. Address *J.C.S.*

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.