

FILED SEP 24 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31342**

BIRTH NO. _____ REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **209**

1. PLACE OF DEATH a. COUNTY Franklin.		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admittance). a. STATE Missouri. b. COUNTY Franklin.	
b. CITY (If outside corporate limits, write RURAL and give township) Washington.	c. LENGTH OF STAY (in this place) 9 yrs.	c. CITY OR TOWN Washington.	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 821 E. 1st St.		e. STREET ADDRESS (If rural, give location) 821 E. 1st St.	

3. NAME OF DECEASED (Type or Print) Cecilia K. Deppermann.	a. (First) Cecilia	b. (Middle) K.	c. (Last) Deppermann.	4. DATE OF DEATH Sept. 17th, 1957.
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 30th, 1890.	9. AGE (In years last birthday) 67
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.	10b. KIND OF BUSINESS OR INDUSTRY Own home.	11. BIRTHPLACE (City and State or Foreign Country) New Haven, Mo. (R. R.)		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Palster.	13b. MOTHER'S MAIDEN NAME Annie Timmermeister.	14. NAME OF HUSBAND Adolph Deppermann.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Adolph Deppermann	ADDRESS Washington, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant, metastatic, generalized		INTERVAL BETWEEN ONSET AND DEATH 5 1/2 Mo.
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Carcinoma left kidney 180X		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic nephroma type		2 yrs.

19a. DATE OF OPERATION 5/24/56	19b. MAJOR FINDINGS OF OPERATION Carcinoma, left kidney, hyper-nephroma type with invasion into vein	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) (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 **9/15, 1955**, to **9/17, 1957**, that I last saw the deceased alive on **9/16, 1957**, and that death occurred at **5:45 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE Michael S. Heppich, M.D.	(Name or title)	23b. ADDRESS Washington, Mo	23c. DATE SIGNED 9/19/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 20, 1957	24c. NAME OF CEMETERY OR CREMATORY Immanuel Lutheran Cemetery	24d. LOCATION (City, town, or county) (State) Washington, Mo.
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DATE REC'D BY LOCAL REG. 9/20/57	REGISTRAR'S SIGNATURE R. Widmann	FUNERAL DIRECTOR'S SIGNATURE Pielburg & Witt, Inc.	ADDRESS Washington, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

799

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 *Jerome F. Suroboda*

Licensed Embalmer No. *450*

P. O. Address *Washington*

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..