

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-006889  
State File No. ....

FILED MAR 13 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 6056 Registrar's No. 151

0930  
1

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

1. PLACE OF DEATH a. COUNTY <u>ST. CHAIR</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>ST. CHAIR</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL BUTLER TOWNSHIP</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL BUTLER TOWNSHIP</u>	
c. LENGTH OF STAY (In this place) <u>53 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>0930</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rudolf</u>		b. (Middle)	
c. (Last) <u>AMMANN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 17 1958</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>Feb. 6 1881</u>
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>11</u>	IF UNDER 24 HRS Hours <u>11</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GENERAL FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Zurich Switzerland</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Rudolf Ammann</u>	
13b. MOTHER'S MAIDEN NAME <u>MARY Weber</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Henry Ammann Deepwater, Mo</u>		ADDRESS	
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) <u>Hypertensive Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension</u> DUE TO (c) <u>hypertensive potarochol</u> 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	
20. AUTOPSY? <u>2</u> 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) <u>4221</u>	
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>1948</u> , to <u>Feb. 17, 1958</u> , that I last saw the deceased alive on <u>Feb 17, 1958</u> , and that death occurred at <u>11:57 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H. B. Ammann M.D.</u>		23b. ADDRESS <u>Louis City, Mo</u>	
23c. DATE SIGNED <u>2/18/58</u>		24a. LOCATION (City, town, or county) (State) <u>ST. CHAIR COUNTY MO.</u>	
24b. DATE <u>Feb 18 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valley Center Cemetery</u>	
24d. DATE REC'D BY LOCAL REG. <u>2-19-58</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Melvin L. Karsseus</u>	
REGISTRAR'S SIGNATURE <u>Hubert Seavers</u>		ADDRESS <u>Deepwater</u>	

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Melvin L. Janssen*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4629*

P. O. Address *Appleton City*

**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 this body is not embalmed, fact should be so stated above.