

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024519

STATE FILE NUMBER

FILED AUG 12 1958

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 81

300
1-57

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar		c. CITY OR TOWN Lamar	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital		d. STREET ADDRESS (If outside, give location) 400 Broadway	
Length of stay in lb 8 days		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First MABEL Middle MINNIE Last DAETWYLER			4. DATE OF DEATH Month August Day 7 Year 1958		
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5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 4 1889	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper- Wholesale	10b. KIND OF BUSINESS OR INDUSTRY Auto Supplies	11. BIRTHPLACE (City and state or country) Cossna Park, Illinois	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Adolf Daetwyler	13b. MOTHER'S MAIDEN NAME Louise Kohler	14. NAME OF HUSBAND OR WIFE None
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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. 493-38-7177	17. INFORMANT Ben Daetwyler, Lamar, Missouri	Address
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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>Lobar pneumonia, undulant fever</i>		INTERVAL BETWEEN ONSET AND DEATH <i>8 weeks</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>aplastic anemia</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT <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 L A M A R	COUNTY Barton	STATE Mo
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21. I attended the deceased from June 8 to Aug 7 and last saw her alive on Aug 8-58 Death occurred at 10:10 a. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE D R. Guedner M.D.	(Degree or title)	22b. ADDRESS L A M A R	22c. DATE SIGNED 8-8-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Aug 10 1958	23c. NAME OF CEMETERY OR CREMATORY Apostolic Christian	23d. LOCATION (City, town, or county) Barton County, Missouri (State)
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24. FUNERAL DIRECTOR Konantz Funeral Home, Lamar, Missouri	ADDRESS	25. DATE RECD. BY LOCAL REG. AUG 9 - '58	26. REGISTRAR'S SIGNATURE Marie Konantz
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MAR 20 1959

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 *Carl F. Kovantz*
Licensed Embalmer No. *2247*
P. O. Address *Lamar, Mo*

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.