

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005072

STATE FILE NUMBER

FILED MAR 9 1959

Registration District No. /

Primary Registration District No. /

Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri		b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN New Haven		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN New Haven	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last EMMA MARIE ALTHEIDE			4. DATE OF DEATH Month Day Year March 4 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-16-1875	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days 7 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Home Making		11. BIRTHPLACE (City and state or country) Detmold Mo.	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME William Bente		13b. MOTHER'S MAIDEN NAME Dora Beaste	
14. NAME OF HUSBAND OR WIFE David Altheide		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 Address Mrs Oscar Freie New Haven Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia			
INTERVAL BETWEEN ONSET AND DEATH 3 days		DUE TO (b) Severe cerebral arteriosclerosis with dementia 4 years			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 334x		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2			
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 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 COUNTY STATE	
21. I attended the deceased from 1/12/39 to 3/4/59 and last saw her him alive on 3/4/59 Death occurred at 3:20 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE D. P. Eisenmann (Degree or title) M.D.		22b. ADDRESS New Haven, Missouri		22c. DATE SIGNED 3/6/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-7-1959		23c. NAME OF CEMETERY OR CREMATORY St. Peters E. R. Cem	
23d. LOCATION (City, town, or county) New Haven Mo.		23e. (State)			
24. FUNERAL DIRECTOR L. G. Fertig & Son New Haven Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 3/7/1959		26. REGISTRAR'S SIGNATURE Nathie Murphy	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 C. Fertig*

Licensed Embalmer No. *33185*
P. O. Address *New Haven, Conn.*

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.