

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-023931  
STATE FILE NUMBER

FILED JUN 16 1959 Registration District No. 362 Primary Registration District No. 4531 Registrar's No. 32

300  
1-57

0

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.

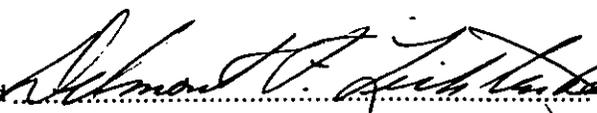
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Warren</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Warren</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Warrenton</b>		c. CITY OR TOWN <b>Datzow</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Katie Jane Home</b>		d. STREET ADDRESS (If outside, give location) <b>None</b>	
3. NAME OF DECEASED (Type or print) First <b>Kathrine</b> Middle <b>Julia</b> Last <b>Dunkmann</b>		4. DATE OF DEATH Month <b>June</b> Day <b>9</b> Year <b>1959</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 11, 1867</b>
9a. AGE (In years last birthday) <b>91</b>		9b. UNDER 1 YEAR Months _____ Days _____	9c. UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE (City and state or country) <b>Datzow, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13. FATHER'S NAME <b>Gottlieb Berg</b>	
13b. MOTHER'S MAIDEN NAME <b>Catherine Berg</b>		14. NAME OF HUSBAND OR WIFE <b>Frank Dunkmann</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Wesley Berg, Marthasville, Missouri</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumonia, Bilateral Hypostatic</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) <b>Arteriosclerotic Heart Disease</b> DUE TO (c) <b>Congestive Heart Failure</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>  <b>unknown</b>  <b>unknown</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4260</b>			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.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			
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 <b>April 7, 1959</b> to <b>June 9, 1959</b> and last saw her <sup>her</sup> alive on <b>June 9, 1959</b> Death occurred at <b>4:40</b> P.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Wesley Berg</i>		22b. ADDRESS <b>Warrenton, Missouri</b>	22c. DATE SIGNED <b>June 11, 1959</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6/12/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Datzow Evang. Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Datzow, Missouri</b>
24. FUNERAL DIRECTOR <i>Wesley Berg</i>	ADDRESS <b>Marthasville, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>June 11, 1959</b>	26. REGISTRAR'S SIGNATURE <i>Floyd Logan</i>

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  .....

Licensed Embalmer No. 4318.....

P. O. Address Marthasville, 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.