

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-019934

FILED VS MAY 17 1960

STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. — Registrar's No. 83

ENDED

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|---|--|---|--|--|--|--|---|------------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY Laelede | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Calif. b. COUNTY Los Angeles | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon | | Length of stay in 1b 31 Yrs. | | c. CITY OR TOWN Los Angeles | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HW. 66 8 Miles East | | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 2292 Coutts Ave. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) HERMAN JOHN DETHLOFF | | | | 4. DATE OF DEATH Month May Day 9 Year 1960 | | | | | |
| 5. SEX Male | 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 9-3-84 | 9. AGE (last birthday) 75 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR Hours _____ Min. _____ | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanics | | | 10b. KIND OF BUSINESS OR INDUSTRY Automotive | | 11. BIRTHPLACE (City and state or country) Germany | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | | |
| 13a. FATHER'S NAME Fritz Dethloff | | | 13b. MOTHER'S MAIDEN NAME Lena Strubing | | | 14. NAME OF HUSBAND OR WIFE Mamie E. Dethloff | | | |
| 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. 545-22-2727 | | 17. INFORMANT Address Mrs. Lena A. Coutts, L.A. Cal. | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fraetured Skull | | | | | | | INTERVAL BETWEEN ONSET AND DEATH Imm. | | |
| 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) | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input checked="" 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.) Automobile Accident | | | | | |
| 20c. TIME OF INJURY 6:30 p.m. | | Month, Day, Year May 9, 60 | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) Highway 66 East | | 20f. CITY, TOWN, OR LOCATION Lebanon | | COUNTY Laelede | | STATE Mo. | |
| 21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 6:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | |
| 22a. SIGNATURE (Degree or title) DR Palmer Carson | | | | 22b. ADDRESS Lebanon, Mo. | | | | 22c. DATE SIGNED 5-11-60 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 5-11-60 | 23c. NAME OF CEMETERY OR CREMATORY Rose Hills Memorial Park | | | 23d. LOCATION (City, town, or county) Whittier, Cal. | | | |
| 24. FUNERAL DIRECTOR ADDRESS DR Palmer Carson Lebanon, Mo. | | | | 25. DATE RECD. BY LOCAL REG. 5-11-1960 | | 26. REGISTRAR'S SIGNATURE Hella L. Hays | | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 28 1960

AUG 28 1960

STATEMENT BY LICENSED EMBALMER

MAY 24 1960

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 Stanley P. Palm

Licensed Embalmer No. 4810

P. O. Address Lebanon,

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.