

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-025459

FILED VS JUL 5 1960

Registration District No. 323 Primary Registration District No. 6090 Registrar's No. 25

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>SALINE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>SALINE</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Liberty</u>		Length of stay in 1b		c. CITY OR TOWN <u>7 MILES NORTHEAST SWEET SPRINGS</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HOME</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>RURAL</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>HERBERT</u> Middle <u>HENRY</u> Last <u>DITTMER</u>				4. DATE OF DEATH Month <u>JUNE</u> Day <u>26</u> Year <u>1960</u>									
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>July 1-1916</u>		9. AGE (last birthday) <u>43</u>		IF UNDER 1 YEAR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>			11. BIRTHPLACE (City and state or country) <u>CONCORDIA MISSOURI</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>				
13a. FATHER'S NAME <u>ERNEST DITTMER</u>				13b. MOTHER'S MAIDEN NAME <u>LAURA Meyer</u>				14. NAME OF HUSBAND OR WIFE <u>MABEL</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>490-42-7951</u>				17. INFORMANT <u>MABEL DITTMER Sweet Springs Missouri</u> Address					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction, Reentrant</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u> DUE TO (b) <u>Myocardial Infarction Acute</u> <u>7 hrs.</u> DUE TO (c) <u>Coronary Artery Disease</u> <u>8 years</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) <u>abuse</u> 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 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 checked="" 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 <u>1954</u> to <u>1960</u> and last saw him alive on <u>6-26-60</u> Death occurred at <u>2:55</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Name or title) <u>Charles E. Wiley M.D. District Director</u>						22b. ADDRESS <u>St. Louis, Mo.</u>			22c. DATE SIGNED <u>6-27-60</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>JUNE 28-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>ST. JOHNS</u>				23d. LOCATION (City, town, or county) (State) <u>LAFAYETTE County MISSOURI</u>					
24. FUNERAL DIRECTOR <u>L. J. Parker Sweet Springs Missouri</u>				25. DATE RECD. BY LOCAL REG. <u>June 27, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Mary Manley</u>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 12 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by me Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. S. James

Licensed Embalmer No. 205

P. O. Address Concord

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.