

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028859

AMENDED

Registration District No. 118 Primary Registration District No. 4188 Registrar's No. 25

STATE FILE NUMBER

FILED AUG 21 1961

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Owensville		c. CITY OR TOWN Owensville	
Length of stay in lb 31 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		d. STREET ADDRESS (If outside, give location) Owensville	
3. NAME OF DECEASED (Type or print) First Lydia Middle Louise Last Deppermann		4. DATE OF DEATH Month August Day 8 Year 1961	
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 1-9-1904
9. AGE (last birthday) 57		IF UNDER 1 YEAR Months 57 Days 57 Hours 57 Min. 57	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY own home	
11. BIRTHPLACE (City and state or country) Bland, Mo. Rt.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Ferdinand L. Sicht		13b. MOTHER'S MAIDEN NAME Bertha A. Vohs	
14. NAME OF HUSBAND OR WIFE Emil Deppermann		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) **	
16. SOCIAL SECURITY NO. none		17. INFORMANT Emil Deppermann Owensville, 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) Malignant Melanoma DUE TO (b) & Metastases Generalized DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH unknown	
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 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 8-6-61 a.m. 8-6-61 p.m. 8-6-61	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 Owensville, Mo.	
21. I attended the deceased from 1960 to 1961 and last saw her alive on 8-6-61		Death occurred at 8-6-61 on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Charles Shurt (Deputy Registrar)		22b. ADDRESS General	
22c. DATE SIGNED 8-9-61		23a. BURIAL, CREMATION, REMOVAL (Specify) burial	
23b. DATE 8-10-1961		23c. NAME OF CEMETERY OR CREMATORY City Cemetery	
23d. LOCATION (City, town, or county) Owensville, Mo.		24. FUNERAL DIRECTOR Gottenstroeter Funeral Home Owensville, Mo.	
25. DATE RECD. BY LOCAL REG. August 10, 1961		26. REGISTRAR'S SIGNATURE Mrs. Marvin Jappmeyer	

Miford H H Winter

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 6 1962

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 Terry A. Thompson, Student Embalmer No. 624
working under my personal supervision.

Student Terry A. Thompson
Signature of Student Embalmer

Signed Walter H. Winter

Licensed Embalmer No. 3828

P. O. Address OWENSVILLE

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.