

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032425

AMENDED

Registration District No. 119 Primary Registration District No. 5992 Registrar's No. 45

STATE FILE NUMBER

**FILED SEP 21 1961**

1. PLACE OF DEATH a. COUNTY <b>GASCONADE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Gasconade</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Richland Twp.</b>		Length of stay in 1b <b>6 Wks.</b>		c. CITY OR TOWN <b>Richland Twp.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1/2 Mi. N. of Pershing</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>2 1/2 E. of Pershing</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>ANNA</b> Middle <b>MARIE</b> Last <b>DEPPE</b>				4. DATE OF DEATH Month <b>Sept.</b> Day <b>12</b> Year <b>1961</b>									
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Cau.</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>2-4-1905</b>		9. AGE (last birthday) <b>56</b>		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) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and state or country) <b>Bay, Missouri</b>			12. CITIZEN OF WHAT COUNTRY <b>USA</b>				
13a. FATHER'S NAME <b>August Koelling</b>				13b. MOTHER'S MAIDEN NAME <b>Martha Leimkueller</b>				14. NAME OF HUSBAND OR WIFE <b>Ben Deppe</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>Ben Deppe RFD Morrison, Mo.</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>CARCINOMA OF OVARY</b>										INTERVAL BETWEEN ONSET AND DEATH <b>4 mos.</b>			
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 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 _____ a.m. _____ p.m.		Month, Day, Year _____											
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>1956</u> to <u>9-12-61</u> and last saw her/him alive on <u>9-5-61</u> Death occurred at <u>3</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <b>George M. Workman MD</b>						22b. ADDRESS <b>HERMANN, MO</b>				22c. DATE SIGNED <b>9-13-61</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county) (State)						
<b>Burial</b>		<b>9-14-1961</b>		<b>Zion Cemetery</b>			<b>RFD Morrison, Missouri</b>						
24. FUNERAL DIRECTOR ADDRESS <b>Herman Blumer, Inc. - Hermann, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>9-13-61</b>		26. REGISTRAR'S SIGNATURE <b>Delma Affelman</b>							

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 ORVAL GRONER, Student Embalmer No. 641

working under my personal supervision.

Student Orval Groner  
Signature of Student Embalmer

Signed August B. Deener

Licensed Embalmer No. 3,60

P. O. Address Herrmann M.

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.