

Dr. Ossman

State File No.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO.		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>168</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. LENGTH OF STAY (In this place) <u>1 Day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Osage City</u>		<u>0260</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>No Street Number</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u>			b. (Middle) <u>Barbara</u>			c. (Last) <u>Ortmeyer</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>July 9 1950</u>		5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	
8. DATE OF BIRTH <u>Oct-12-1877</u>		9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Cole County, Missouri</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Wunderlich</u>			13b. MOTHER'S MAIDEN NAME <u>Catherine Keisling</u>			14. NAME OF HUSBAND OR WIFE <u>John Ortmeyer</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Otto Ortmeyer, Jefferson City, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute heart failure</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> <u>Hypertensive heart disease</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>443x</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1-1</u> , 19 <u>50</u> , to <u>7-9</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>7-9</u> , 19 <u>50</u> , and that death occurred at <u>8:50am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>D. Ossman MD</u>				23b. ADDRESS <u>Jefferson City, Mo</u>		23c. DATE SIGNED <u>7/10/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>July-11-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Johns Lutheran Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Schuberts, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>July 11-1950</u>		REGISTRAR'S SIGNATURE <u>R.O. Harris MD - NR</u>		2. FORMAL DIRECTOR'S SIGNATURE <u>Joseph J. Jordan</u>		ADDRESS <u>Jefferson City, Mo</u>	

RECEIVED 7-13

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-13-57

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Ferd P. Dull*

Signed
Student Embalmer

Licensed Embalmer No. 3890

P. O. Address *Jeff City 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 this body is not embalmed, fact should be so stated above.