

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24264

FILED AUG 15 1950

Registrar's No. 258

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|---|--|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 274 | | PRIMARY REG. DIST. NO. 5936 | | Registrar's No. 258 | |
| 1. PLACE OF DEATH a. COUNTY <u>Pettis</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wagon & Pettis</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> | | c. LENGTH OF STAY (In this place) <u>15 1/2</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Smithton town</u> | | d. STREET ADDRESS (If rural, give location) <u>1800</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 miles S of Smithton</u> | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) | | b. (Middle) | | c. (Last) | |
| LILLIE MAY BULTEMEIER | | | | | | | |
| 5. SEX <u>F</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | | 8. DATE OF BIRTH <u>Apr 9 1890</u> | |
| 9. AGE (In years last birthday) <u>70</u> | | 10. MONTHS <u>3</u> | | 11. DAYS <u>19</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>US</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker on farm</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Benton Co MO</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>US</u> | |
| 13a. FATHER'S NAME <u>Benton Nave</u> | | 13b. MOTHER'S MAIDEN NAME <u>Aneana Dillon</u> | | 14. NAME OF HUSBAND <u>August Bultemier</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 <u>Elmer Bultemier</u> | | ADDRESS | |
| 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>Thrombosis, Superior Mesenteric Arteriosclerosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u> <u>Hypertension</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>450</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input checked="" 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) | | 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>July 28, 1950</u> , to <u>July 28, 1950</u> , that I last saw the deceased alive on <u>July 28, 1950</u> , and that death occurred at <u>2:30 P</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>P. V. Siegel M.D.</u> | | (Degree or title) | | 23b. ADDRESS <u>Smithton Mo</u> | | 23c. DATE SIGNED <u>7/29/50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>July 30 1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Smithton</u> | | 24d. LOCATION (City, town, or county) (State) <u>Smithton MO</u> | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Aug. 7, 1950 R. G. Campbell</u> | | FUNDAL DIRECTOR'S SIGNATURE <u>R. F. Hemminger</u> | | ADDRESS <u>Smithton MO</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 17 1950

RECEIVED 8/14/50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 8/14/50

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

A. F. Neumeyer

Licensed Embalmer No. 3912

P. O. Address

Smithton, Pa.

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.