

FILED APR 3 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11203

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3022 Registrar's No. 71

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>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Alma</u>	
c. LENGTH OF STAY (in this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Ritzgibton Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Adolph</u> b. (Middle) <u>John</u> c. (Last) <u>Oltman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 24 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>11/17/1866</u>
9. AGE (In years last birthday) <u>84</u>		10. MONTHS <u>4</u>	11. DAYS <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>East Moline, Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S. A</u>			
13a. FATHER'S NAME <u>John Oltman</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Wendel</u>	14. NAME OF HUSBAND OR WIFE <u>Alma Oltman</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>Alma Oltman,</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma face; intercranial</u>		_____	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>metastasis</u>		_____	
DUE TO (c) _____		_____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		_____	
19a. DATE OF OPERATION <u>May 1943</u>		19b. MAJOR FINDINGS OF OPERATION <u>Squamous cell ca. grade III, side of head, involving ear</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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>May 1943</u> , to <u>Mar. 24, 1951</u> , that I last saw the deceased alive on <u>Mar. 24, 1951</u> , and that death occurred at <u>1:48 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Edlison D. M.D.</u> (Degree or title)		23b. ADDRESS <u>Marshall, Mo.</u>	23c. DATE SIGNED <u>Mar 27 1951</u>
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/27/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Trinity Luth.</u>	24d. LOCATION (City, town, or county) (State) <u>Alma, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Mar 27-1951</u>	REGISTRAR'S SIGNATURE <u>Bridney F. Gray</u> <u>385</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alfred H. Bremer</u> ADDRESS _____	

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

0972

RECEIVED 4-2-51

DISTRICT HEALTH OFFICE No. 3

District File Number .....

Date Filed 4-2-51 .....

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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.....  
Student Embalmer

Signed *Alfred H. Bremer* .....

Licensed Embalmer No. 2696 .....

P. O. Address Alma, 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.