

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20892**

BIRTH NO. _____		REG. DIST. NO. <u>260</u>		PRIMARY REG. DIST. NO. <u>4393</u>		Registrar's No. <u>10</u>				
1. PLACE OF DEATH a. COUNTY OSAGE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI				b. COUNTY OSAGE		
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN WESTPHALIA, MISSOURI		c. LENGTH OF STAY (In this place) LIFE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WESTPHALIA				0760		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0						
3. NAME OF DECEASED (Type or Print)			a. (First) WHILELMINA		b. (Middle) HOLTERMAN		c. (Last)			
4. DATE OF DEATH		(Month) (Day) (Year)		JUNE 3, 1951						
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH DEC. 22, 1917		9. AGE (In years last birthday) Months Days 33 5 11		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ARGYLE, MISSOURI			12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME HENRY ISEBERG			13b. MOTHER'S MAIDEN NAME ROSE BARNHART			14. NAME OF HUSBAND OR WIFE WILLIAM HOLTERMAN				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME <i>William Holterman</i>				ADDRESS WESTPHALIA, MO.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH A number of years		
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Rheumatic Heart Disease						4 1/2 X		
		ANTECEDENT CAUSES								
		DUE TO (b) _____ DUE TO (c) _____								
19a. DATE OF OPERATION		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
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 _____, 19____, to _____, 19____, that I last saw the deceased dead on June 3rd, 51 , and that death occurred at 2 A. m., from the causes and on the date stated above.										
23a. SIGNATURE <i>Ede Morton</i>				(Degree or title) Coroner		23b. ADDRESS Box 255, Linn, Mo.		23c. DATE SIGNED 6-12-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 5, 1951		24c. NAME OF CEMETERY OR CREMATORY ST. JOSEPH CEMETERY		24d. LOCATION (City, town, or county) (State) WESTPHALIA, MO.				
DATE REC'D BY LOCAL REG. 6-14-51		REGISTRAR'S SIGNATURE <i>Mrs. H. H. Moore</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Sylvester Dulle</i>		ADDRESS J. C. MO.				

(Licensed Embalmer's Statement (on Reverse Side))

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

760
1

File No. _____
DISTRICT HEALTH OFFICE No. 4

JUN 16 1951

RECEIVED

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 _____

Sylvester D. Gull

Signed.....
Student Embalmer

Licensed Embalmer No. 4301

P. O. Address Jefferson City

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.