

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28543**

FILED AUG 18 1952

BIRTH NO. _____ REG. DIST. NO. **159** PRIMARY REG. DIST. NO. **4249** Registrar's No. **54**

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY JEFF.	
b. CITY OR TOWN HILLSBORO	c. LENGTH OF STAY (In this place) 40 YRS	c. CITY OR TOWN HILLSBORO 0500	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) WILLIAM	a. (First)	b. (Middle) _____	c. (Last) GOLTERMAN	4. DATE OF DEATH (Month) (Day) (Year) AUG 2 1952
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 24 1890	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) JEFF. Co.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME FREDERICK GOLTERMAN	13b. MOTHER'S MAIDEN NAME UNK.	14. NAME OF HUSBAND OR WIFE EVA GOLTERMAN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Dale Golterman	ADDRESS Crystal City
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 19 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease with myocardial insufficiency.		INTERVAL BETWEEN ONSET AND DEATH 2 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis		
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 _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 4200
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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? _____
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22. I hereby certify that I attended the deceased from **Jan**, 19**51**, to **Aug 2**, 19**52**, that I last saw the deceased alive on **July 5**, 19**52**, and that death occurred at **3 P.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thomas A. Donnell MD.	23b. ADDRESS Desoto, Mo.	23c. DATE SIGNED 8-4-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BORIAL	24b. DATE AUG 6 1952	24c. NAME OF CEMETERY OR CREMATORY HILLSBORO	24d. LOCATION (City, town, or county) (State) HILLSBORO MO
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DATE REC'D BY LOCAL REG. 8-30-52	REGISTRAR'S SIGNATURE Kathleen Marstey	25. FUNERAL DIRECTOR'S SIGNATURE Donnell B. Burtch	ADDRESS Desoto Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED AUG 13 1952

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

Donnell B. Dietrich

Licensed Embalmer No.

4104

P. O. Address

Idaho 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.