

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

FILED FEB 5 1953

BIRTH NO. _____		REG. DIST. NO. <u>110</u>		PRIMARY REG. DIST. NO. <u>5425</u>		Registrar's No. <u>26</u>	
1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>MISSOURI</b> b. COUNTY <b>FRANKLIN</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL BOEUF</b>		c. LENGTH OF STAY (to this place) <b>ALL</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL BOEUF</b>		0360	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <b>NEAR NEWHAVEN MO</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>OSCAR</b>		b. (Middle) _____		c. (Last) <b>HOLTMEYER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1 31 53</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED 1</b>		8. DATE OF BIRTH <b>AUG 10-1873</b>	
9. AGE (In years last birthday) <b>79</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>WASHINGTON MO</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>FRANK HOLTMEYER</b>		13b. MOTHER'S MAIDEN NAME <b>SOPHIA KOPP</b>		14. NAME OF HUSBAND OR WIFE <b>ROSA HOLTMEYER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Thomas J. Holtmeyer</b> 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) <b>Acute myocarditis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Influenza</b> DUE TO (c) <b>481X</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cerebral arterio-sclerosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b> <b>7 days</b> <b>3 years</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>no operation</b>				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) _____		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>1/19</u> , 19 <u>50</u> , to <u>1/31</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1/31</u> , 19 <u>53</u> , and that death occurred at <u>2:40</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <b>B. G. Gissmann M.D.</b> (Degree or title)				23b. ADDRESS <b>New Haven Mo.</b>		23c. DATE SIGNED <b>2/2/53.</b>	
24a. BURIAL, CREMATION, REMAINS (Specify) _____		24b. DATE <b>2-3-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CATHOLIC CEM</b>		24d. LOCATION (City, town, or county) (State) <b>NEWHAVEN MO</b>	
DATE REC'D BY LOCAL REG. <b>Feb. 2. 53</b>		REGISTRAR'S SIGNATURE <b>Edna D. Jumper</b> 475-0		25. FUNERAL DIRECTOR'S SIGNATURE <b>L. C. Bertel</b>		ADDRESS <b>1001 New Haven Mo.</b>	

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

APR 21 1953

JAN 2 1959

APR 4 1963

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 Earl Pestig

Licensed Embalmer No. 3385

P. O. Address Heaven 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.