

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. HOOVER

9468

State File No. _____

FILED MAR 23 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 288

396
U

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

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. LENGTH OF STAY (in this place) _____	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		d. STREET ADDRESS (If rural, give location) 2122 N. DOUGLAS	
d. FULL NAME OF HOSPITAL OR INSTITUTION FRANK BURGE HOSP.			
3. NAME OF DECEASED (Type or Print) a. (First) FRANK		b. (Middle) _____ c. (Last) OLLMANN	
4. DATE OF DEATH (Month) (Day) (Year) MARCH 19, 1953			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Nov. 16, 1909
9. AGE (In years last birthday) 43	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mts. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Creamery		10b. KIND OF BUSINESS OR INDUSTRY PATTON CREAMERY CO.	
11. BIRTHPLACE (City and State or Foreign Country) SPRINGFIELD, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME HUGO OLLMANN		13b. MOTHER'S MAIDEN NAME BERTHA WIRTH	
14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S SIGNATURE OR NAME MRS. R.C. THOMAS		ADDRESS SPRINGFIELD, MO.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Renal insufficiency & uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic pyelonephritis in remitting & relapsing DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension cerebral & apoplexy & days	
INTERVAL BETWEEN ONSET AND DEATH 1 yr.		17 yrs.	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		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 checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>3/10</u> , 19 <u>53</u> , to <u>3/19</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>3/19</u> , 19 <u>53</u> , and that death occurred at <u>1:20a</u> m., from the causes and on the date stated above.			
23a. SIGNATURE H. Hoover M.D.		23b. ADDRESS Springfield Mo.	
23c. DATE SIGNED 3/20/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/21/53	
24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery		24d. LOCATION (City, town, or county) (State) Springfield, Mo.	
DATE REC'D BY LOCAL REG. 3/20/53		REGISTRAR'S SIGNATURE Edith Williamson Reg.	
25. FUNERAL DIRECTOR'S SIGNATURE H. H. LOHMEYER		ADDRESS SPRINGFIELD, MO.	

NOV 9 1953

NOV 5 1953

MAR 7 1954

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 Levin T. Swadley

Licensed Embalmer No. 4815

P. O. Address Springfield

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.