

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29300**

FILED SEP 14 1953

BIRTH NO. _____ REG. DIST. NO. **207** PRIMARY REG. DIST. NO. **5753** Registrar's No. **29**

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

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).		
a. COUNTY Maries			a. STATE Missouri b. COUNTY Maries		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Meta Rural		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Meta Booneky		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri			e. STREET ADDRESS (If rural, give location) R. R. 2		
3. NAME OF DECEASED			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Theodore b. (Middle) George c. (Last) Holtmeyer			9/7/53		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6/26/1881	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Elizabeth Miller Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Holtmeyer Dietrich Richard		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Ester Clayton Holtmeyer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Ester Holtmeyer Meta, Mo.		
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis			INTERVAL BETWEEN ONSET AND DEATH ?		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			II. OTHER SIGNIFICANT CONDITIONS		
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"/>	
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 8-4-53 , 19___, to 9-6-53 , 19___, that I last saw the deceased alive on 9-6-53 , 19___, and that death occurred at 9:30P. m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) D. Howard, D. O.			23b. ADDRESS Vienna, Missouri		23c. DATE SIGNED 9-9-53
24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE 9/10/53	24c. NAME OF CEMETERY OR CREMATORY St. Lawrence	24d. LOCATION (City, town, or county) (State) St. Elizabeth, Mo.		
DATE REC'D BY LOCAL REG. 9-9-53	REGISTRAR'S SIGNATURE Pauline Howard		25. FUNERAL DIRECTOR'S SIGNATURE Walter O. Hodges ADDRESS Hodges Funeral Homes Inc. Meria		

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.....
Signature of Student Embalmer

Signed *Walter J. Hedges*

Licensed Embalmer No... *426*

P. O. Address *Heena,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.