FILED NOV 13 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35387

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 311

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City
c. LENGTH OF STAY (In this place): 24hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 104 Clay St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Osage 0760
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chamois
d. STREET ADDRESS (If rural, give location): R.F.D.

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle): Francis
c. (Last): Oidtmann

4. DATE OF DEATH (Month) (Day) (Year): Nov. 6 --1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Jan.13-1890
9. AGE (In years last birthday): 63 — If under 1 year: Months 9, Days 23 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewi fe
10b. KIND OF BUSINESS OR INDUSTRY: --------
11. BIRTHPLACE (City and State or Foreign Country): Chamois Mo R.F.D. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Martin Bogler
13b. MOTHER'S MAIDEN NAME: Mary Samson
14. NAME OF HUSBAND OR WIFE: Henry W Oidtmann dec.

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 ADDRESS: Sylvester Oidtmann Chamois, 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) Infarction of the coronary arteries of the heart — INTERVAL BETWEEN ONSET AND DEATH: 15 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac occlusion of vessels - age.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Adenocarcinoma of left breast 1/201 H

19a. DATE OF OPERATION: 10/27/53
19b. MAJOR FINDINGS OF OPERATION: Biopsy left breast - inoperable carcinoma of breast
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No injury
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Jefferson City Cole Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): No injury m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 5, 1953, *to* Nov 6, 1953, *that I last saw the deceased alive on* Nov 5, 1953, *and that death occurred at* 10:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Byron E. Watts, M.D.
23b. ADDRESS: Central Trust Bldg. Jefferson City Missouri
23c. DATE SIGNED: 11/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 11/10/1953
24c. NAME OF CEMETERY OR CREMATORY: Chamois Catholic
24d. LOCATION (City, town, or county) (State): Chamois Mo

DATE REC'D BY LOCAL REG.: Nov. 9-1953
REGISTRAR'S SIGNATURE: R. P. Harris M.D.
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Clyde Morton Linn Mo

(Licensed Embalmer's Statement on Reverse Side)

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

[redacted]

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 Vernon M. Morton

Licensed Embalmer No. 4425

P. O. Address Lima Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.