

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38715

State File No. ....

0360

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

FILED DEC 7 1953

BIRTH NO. ....		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>5434</u>		Registrar's No. <u>200</u>	
1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL, ST JOHN'S twp.</u>		c. LENGTH OF STAY (in this place) <u>LIFELONG</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL, ST JOHN'S twp.</u>		d. STREET ADDRESS (If rural, give location) <u>WASHINGTON RR 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R. 2, WASHINGTON</u>				d. STREET ADDRESS (If rural, give location) <u>WASHINGTON RR 2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ADOLPH</u> b. (Middle) <u>JOHN</u> c. (Last) <u>HOLTMEIER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 27 1953</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 9, 1893</u>		9. AGE (in years last birthday) <u>60</u>	if UNDER 1 YEAR Months <u>7</u> Days <u>18</u>	if UNDER 24 HRS. Hours <u>1</u> Mins. <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. JOHN'S twp. FR. Cy Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>JOSEPH C. HOLTMEIER</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH RIEGEL</u>		14. NAME OF HUSBAND OR WIFE <u>ROSE KAMLER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS ADOLPH HOLTMEIER</u>			
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) <u>Coronary Artery Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Artery Occlusion</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u> <u>10 min</u>
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)		<u>1201</u>	
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?			
22. I hereby certify that I attended the deceased from <u>June 23</u> , 19 <u>53</u> , to <u>Nov 27</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Nov 27</u> , 19 <u>53</u> , and that death occurred at <u>7:45A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. L. Mansfield M.D.</u>				23b. ADDRESS <u>Washington RR 2</u>		23c. DATE SIGNED <u>Nov 28 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov. 30, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST GERTRUDE'S PARISH</u>		24d. LOCATION (City, town, or county) (State) <u>WASHINGTON RR 2, FR. Cy Mo.</u>		
DATE REC'D BY LOCAL REG. <u>11/28/53</u>		REGISTRAR'S SIGNATURE <u>R.P. Hudson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>OTTO &amp; Co Henry W. Otto Washington</u>			

**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

*Henry W. Otto*

Licensed Embalmer No. 3560

P. O. Address Washington

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.