

FILED SEP 21 1954

STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 260 PRIMARY REG. DIST. NO. 5884 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Osage</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural - Washington</u> c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY OR TOWN <u>Koeltztown</u> d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Washington hosp</u>		e. STREET ADDRESS (If rural, give location) <u>Washington hosp</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANGELIA</u> b. (Middle) <u>HOLTERMAN</u> c. (Last) <u>HOLTERMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 14, 1954</u>		
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>July 14, 1872</u>	9. AGE (in years last birthday) <u>82</u> 10. UNDER 1 YEAR Months <u>2</u> Days <u>0</u> 11. UNDER 24 HRS. Hours <u>1</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>KOELTZTOWN, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>HENRY HAGENHOFF</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>FRED HOLTERMAN</u>
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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 <u>MRS. LEO OTTO</u>	ADDRESS <u>KOELTZTOWN, MO.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach - metastases</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Cholecystitis - Cholelithiasis</u>		19. DATE OF OPERATION <u>151 X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Aug 16, 1954, to Sept 14, 1954, that I last saw the deceased alive on Sept 15, 1954, and that death occurred at 8:30 AM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. B. Hebl M.D.</u>	23b. ADDRESS <u>Jefferson City, Mo</u>	23c. DATE SIGNED <u>9-14-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/16/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Boniface</u>	24d. LOCATION (City, town, or county) (State) <u>Koeltztown, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9/15/54</u>	REGISTRAR'S SIGNATURE <u>Mrs. Dr. H. Moore</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sylvester Dulle</u>	ADDRESS <u>J. C. Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....  
*Sylvester Delle*

Licensed Embalmer No. 432

P. O. Address *Jeffersonville*

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.