No. 300
10.48

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38029

State File No.

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 342

1. PLACE OF DEATH
a. COUNTY: MARION
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HANNIBAL
c. LENGTH OF STAY (In this place): 48 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1314 MARK TWAIN AVE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MARION
c. CITY OR TOWN: HANNIBAL
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location): 0641 D

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): HENRY
c. (Last): OLTMAN

4. DATE OF DEATH (Month) (Day) (Year): 11-10-54

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED
8. DATE OF BIRTH: AUG. 24, 1906
9. AGE (In years last birthday): 48
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ELECTRICIAN
10b. KIND OF BUSINESS OR INDUSTRY: ELECTRIC
11. BIRTHPLACE (City and State or Foreign Country): HANNIBAL, MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: JOHN HENRY OLTMAN
13b. MOTHER'S MAIDEN NAME: MINNIE RADTKE
14. NAME OF HUSBAND/OR WIFE:

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.: 494-20-6348
17. INFORMANT'S SIGNATURE OR NAME: MRS. MINNIE OLTMAN
ADDRESS: HANNIBAL, 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): Chronic valvular heart disease — INTERVAL BETWEEN ONSET AND DEATH: 30 years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Ventricular fibrillation — 18 minutes
DUE TO (c):

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: 4214
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8-16-54, 19__, *to* 11-10-54, 19__, *that I last saw the deceased alive on* 10-30-54, 19__, *and that death occurred at* 12:05 Pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): N. L. Greene M. D.
23b. ADDRESS: 100 N. Sixth, Hannibal, Mo.
23c. DATE SIGNED: 11-12-54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 11-13-54
24c. NAME OF CEMETERY OR CREMATORY: GRAND VIEW BURIAL PARK
24d. LOCATION (City, town, or county) (State): HANNIBAL, MO.

DATE REC'D BY LOCAL REG.: 11-12-54
REGISTRAR'S SIGNATURE: Dr. E.M. Lucke By W.C. Fisher 189-01
25. FUNERAL DIRECTOR'S SIGNATURE: Jack Schwartz
ADDRESS: Hannibal, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 18 1954
MARION CO. HEALTH DEPT.
DATE FILED NOV 18 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jack Schwartz

Licensed Embalmer No. 4900

P. O. Address Hannibal,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.