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FILED DEC 9 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38199

BIRTH NO. _____ REG. DIST. NO. 258 PRIMARY REG. DIST. NO. 5882 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY Osage
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Folk Rural
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rural

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

3. NAME OF DECEASED (Type or Print)
a. (First) Stephen
b. (Middle)
c. (Last) Ortmeyer

4. DATE OF DEATH (Month) (Day) (Year) Dec. 4, 1954

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb. 18, 1868
9. AGE (In years last birthday) 86 — If under 1 year: Months 9, Days 16 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY own
11. BIRTHPLACE (City and State or Foreign Country) Westphalia, Mo.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Stephen Ortmeyer
13b. MOTHER'S MAIDEN NAME Josephine Brester
14. NAME OF HUSBAND OR WIFE Sophie Ortmeyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT'S ~~SIGNATURE~~ OR NAME mo — **ADDRESS** Mrs Sophie Ortmeyer Jefferson City

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) Apoplexy — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis
DUE TO (c) age

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 334X
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* 1950, 19 50, *to* Dec 4, 19 54, *that I last saw the deceased alive on* Nov 28, 19 54, *and that death occurred at* 8am m., *from the causes and on the date stated above.*

23a. SIGNATURE L. A. T. Meyer MD (Degree or title)
23b. ADDRESS Jefferson City Mo
23c. DATE SIGNED 12-6-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 7, 1954
24c. NAME OF CEMETERY OR CREMATORY Schuberts Cemetery
24d. LOCATION (City, town, or county) (State) Schubert, Mo.

DATE REC'D BY LOCAL REG. 12-8-54
REGISTRAR'S SIGNATURE Rose Rowan, mo 236-0
25. FUNERAL DIRECTOR'S SIGNATURE Victor Buesche **ADDRESS** Jefferson City Mo

(Licensed Embalmer's Statement on Reverse Side)

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 .....
Student Embalmer

Signed Victor Buesche

Licensed Embalmer No. 3701

P. O. Address Jefferson City M

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.