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

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 5305 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY Cole

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri b. COUNTY Cole

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Liberty Township c. LENGTH OF STAY (in this place) Life

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Liberty Township 0260

d. FULL NAME OF HOSPITAL OR INSTITUTION 3 Miles E. Schuberts, Mo d. STREET ADDRESS (If rural, give location) 3 Miles E. Schuberts, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First) Ferdinand b. (Middle) Henry c. (Last) Ortmeyer 4. DATE OF DEATH (Month) (Day) (Year) Sept. 19, 1955

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH July 26 1876 9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months 1 Days 23 IF UNDER 24 HRS. Hours Min.

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

13a. FATHER'S NAME Steve Ortmeyer 13b. MOTHER'S MAIDEN NAME Josephine Brewster 14. NAME OF HUSBAND OR WIFE Annie 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 Mrs Annie Ortmeyer RFD. #3 Jefferson City, Mo. ADDRESS

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis
ANTECEDENT CAUSES arteriosclerosis
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Age - 4201
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 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) Jefferson City - Cole - Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 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, 1950, to Sept 18 1955, that I last saw the deceased alive on 9-12, 1955, and that death occurred at 10a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. A. T. Meyer, M.D. 23b. ADDRESS 108 1/2 E High St Jefferson City 23c. DATE SIGNED 9-19-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Sept. 22 1955 24c. NAME OF CEMETERY OR CREMATORY St. Francis Xavier Cemetery, Toas, Mo. 24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 24 Sept 1955 REGISTRAR'S SIGNATURE R. P. Davis MD MR 63 25. FUNERAL DIRECTOR'S SIGNATURE Victor Breach Jefferson City Mo ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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 Breacher

Licensed Embalmer No. 3701

P. O. Address *Jefferson City*

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.

