

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41881

State File No.

FILED JAN 9 1956

BIRTH NO. _____ REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 4324 Registrar's No. 34-35

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Tuscumbia</u>	c. LENGTH OF STAY (In this place) <u> </u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Elizabeth Osage Twp.</u>	d. STREET ADDRESS (If rural, give location) <u> </u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Humphreys Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u> </u> c. (Last) <u>Holtmeyer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 21, 1955</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>2/17/1874</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 10 HRS. Hours <u> </u> Min. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u> </u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Elizabeth, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>Richard Holtmeyer</u>		13b. MOTHER'S MAIDEN NAME <u>Gertrude Heiman</u>		14. NAME OF HUSBAND OR WIFE <u>None</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> </u>	17. INFORMANT'S SIGNATURE OR NAME <u>Otto Holtmeyer</u>				ADDRESS <u>St. Elizabeth, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis (Infarction)</u>			INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary arteriosclerosis</u>			years <u> </u>	
	DUE TO (c) <u> </u>				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>				

19a. DATE OF OPERATION <u> </u>	19b. MAJOR FINDINGS OF OPERATION <u> </u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u> </u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u> </u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u> </u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u> </u>	
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22. I hereby certify that I attended the deceased from 10/23/1944 to 12/21/1955, that I last saw the deceased alive on 12/21/1955, and that death occurred at 2:25 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>M. E. Humphreys, D.O.</u>		(Degree or title)		23b. ADDRESS <u>Tuscumbia, Mo.</u>		23c. DATE SIGNED <u>12-23-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/23/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Lawrence</u>	24d. LOCATION (City, town, or county) (State) <u>St. Elizabeth, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>Dec. 27, 1955</u>	REGISTRAR'S SIGNATURE <u>Mrs. D. E. Kallenbach</u>	523	25. GENERAL DIRECTOR'S SIGNATURE <u> </u>		ADDRESS <u>Hedges Funeral Home Inc Iberia, Mo.</u>	
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(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

Walter P. Herge

Licensed Embalmer No. *4265*

P. O. Address *Shen, Mo.*

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.