

FILED JAN 17 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH 5782-<sup>State File No.</sup> 43407

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 4324 Registrar's No. 35-55

1. PLACE OF DEATH a. COUNTY <b>Miller</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Miller</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Elizabeth</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Elizabeth</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Osage twp.</b>		d. STREET ADDRESS (If rural, give location) <b>e 660</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Stephen</b> b. (Middle) _____ c. (Last) <b>Ortbals</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 28, 1955</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	
8. DATE OF BIRTH <b>9/20/1869</b>		9. AGE (In years last birthday) (Specify) <b>86</b>		10. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (City and State or Foreign Country) <b>Osage Co. Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>Casper Ortballs</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth</b>		14. NAME OF HUSBAND OR WIFE <b>Anna Steimann Ortballs</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Victor Ortballs St. Elizabeth, Missouri</b>	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial failure</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Chronic myocarditis</b> 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. <b>4222</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 hrs.</b> <b>years.</b>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from June, 1929, to Dec 28, 1955, that I last saw the deceased alive on Dec 28, 1955, and that death occurred at 3:00 A m., from the causes and on the date stated above.

23a. SIGNATURE <b>W.M.A. Gould</b> (Degree or title) <b>DO</b>		23b. ADDRESS <b>Iberia Mo</b>		23c. DATE SIGNED <b>12/29/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12/30/1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Anthony</b>	
24d. LOCATION (City, town, or county) (State) <b>Iberia, Mo. rural</b>					

DATE REC'D BY LOCAL REG. <b>Jan. 3, 1956</b>		REGISTRAR'S SIGNATURE <b>Mrs. H. E. Kallenbach</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Walter P. Hedger Iberia, Mo.</b>	
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(Licensed Embalmer's Statement) \_\_\_\_\_ Funeral Homes Inc Iberia, Mo.

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

JAN

JAN 30 1956

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. Steyer

Licensed Embalmer No. 4265

P. O. Address Stevie, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.