

FILED FEB 15 1956

STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 0005 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Butler</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Adrian</b>	
c. LENGTH OF STAY (in this place) <b>2 Days</b>		d. STREET ADDRESS (If rural, give location) <b>2070</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Butler Memorial Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Florence</b> b. (Middle) <b>Maude</b> c. (Last) <b>Oltmans</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 8 1956</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Nov. 30, 1889</b>		9. AGE (In years last birthday) <b>66</b>		IF UNDER 1 YEAR Months <b>2</b> Days <b>8</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Cawker City, Kansas</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Rufus Leonard Covert</b>		13b. MOTHER'S MAIDEN NAME <b>Hattie Emma Mason</b>		14. NAME OF HUSBAND OR WIFE <b>Henry G. Oltmans</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Henry G. Oltmans, Adrian Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>		<b>Cerebral hemorrhage</b>		<b>13 days</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Hypertension</b>			
		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 <b>331x</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 Jan. 25, 1956, to Feb. 8, 1956, that I last saw the deceased alive on Feb. 8, 1956, and that death occurred at 3 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>E. E. Robinson M.D.</b>		23b. ADDRESS <b>Adrian Mo.</b>		23c. DATE SIGNED <b>Feb. 10-56</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-11-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Crescent Hill Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Adrian Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>Feb. 10-56</b>		REGISTRAR'S SIGNATURE <b>Rudolf Keray 17-0</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>St. Funeral Service Adrian Mo.</b>	
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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..... *Adrian M.*

Licensed Embalmer No. *3650*

P. O. Address *Adrian 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.