No. 300
10-48

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

FILED FEB 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4187

State File No.

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 54

1. PLACE OF DEATH
a. COUNTY: COLE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON CITY, MO.
c. LENGTH OF STAY (in this place): 1 Week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST, MARYS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: OSAGE
c. CITY OR TOWN: KOELTZTOWN, MO.
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 0760,

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): BERNARD
c. (Last): TEMMEN

4. DATE OF DEATH (Month) (Day) (Year): FEB, 14, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 27, 1899
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months 9, Days 17 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): WESTPHALIA, MO.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: HERMAN TEMMEN
13b. MOTHER'S MAIDEN NAME: GERTRUDE BRESTER
14. NAME OF HUSBAND OR WIFE: MARY HOLTERMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 492-12-5894
17. INFORMANT'S ~~SIGNATURE~~ OR NAME ADDRESS: MRS. MARY TEMMEN KOELTZTOWN, MO.

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) Decubitus Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 6 yr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chr. Nephritis interstitial — 2 yr.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 260X

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):
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* Jan 5th, 19 54 *to* Feb 14, 19 56, *that I last saw the deceased alive on* Feb 14, 19 56 *and that death occurred at* 6:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leon A Saylor M.D.
23b. ADDRESS: Jefferson City
23c. DATE SIGNED: Feb 16

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/17/56
24c. NAME OF CEMETERY OR CREMATORY: ST. JOSEPH
24d. LOCATION (City, town, or county) (State): Westphalia, CITY, MO.

DATE REC'D BY LOCAL REG.: 17 Feb 1956
REGISTRAR'S SIGNATURE: R. P. Dorris MD - MR. 8
25. FUNERAL DIRECTOR'S SIGNATURE: Sylvester Gulle
ADDRESS: J C Mo.

(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Sylvester Dulle.....

Licensed Embalmer No. 432

P. O. Address Jefferson C

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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