

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15978

State File No.

FILED JUN 11 1956

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 126

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, write RURAL, and give town) <u>WASHINGTON</u>		c. CITY OR TOWN <u>WASHINGTON</u>	d. Is Residence within limits of city or incorporated town? <input type="checkbox"/> Yes <input type="checkbox"/> No
c. LENGTH OF STAY (in this place) <u>1 day</u>		e. STREET ADDRESS (If rural, give location) <u>R.F.D.#2 ST. JOHNS TWP</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. FRANCIS Hosp.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>THEODORE</u>	b. (Middle) <u>FERDINAND</u>	c. (Last) <u>HOLDMEYER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 5 1956</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>MARRIED</u>	8. DATE OF BIRTH <u>DEC. 2, 1880</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Days <u>6</u>	IF UNDER 24 HRS. Hours <u>3</u>	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>WASHINGTON, Rural St. Johns Twp</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JOHN DAVID HOLDMEYER</u>	13b. MOTHER'S MAIDEN NAME <u>LOUISE DROEGE</u>	14. NAME OF HUSBAND OR WIFE <u>CECILIA HOLDMEYER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	(If yes, give war or dates of service) <u>NONE</u>	16. SOCIAL SECURITY NO. <u>498-40-7535</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Odella GILGHAUS</u>	ADDRESS <u>R2 - Washington</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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Severe chest concussion with</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fractured spine & sternum</u>		
DUE TO (c)		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>9021</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Washington</u> (COUNTY) <u>Franklin</u> (STATE) <u>Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 4, 1956 3 P. m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell off of a hay wagon</u>
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22. I hereby certify that I attended the deceased from June 4 1956 to June 4 1956 and that death occurred at 7:15 P. m. from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Washington Mo</u>	23c. DATE SIGNED <u>6/6/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/8/1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Bernadine Parish Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Krahnert, Frankl. Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6/7/56</u>	REGISTRAR'S SIGNATURE <u>F.P. [Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Herry W. Otto</u>	ADDRESS <u>Washington</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

0

79 - 0

no.

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.....
Signature of Student Embalmer

Signed.....
George R. Stockley

Licensed Embalmer No... *300*

P. O. Address *3rd & Cedar*
Washington

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.