

STANDARD CERTIFICATE OF DEATH

State File No. **4267**

FILED FEB 19 1957

BIRTH NO. _____ REG. DIST. NO. 115 PRIMARY REG. DIST. NO. 5437 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Franklin</u>	
b. CITY OR TOWN <u>Rural Union</u>		c. CITY OR TOWN <u>Beaufort Mo P.H.A.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <u>Ida</u> b. (Middle) <u>C</u> c. (Last) <u>Holtmeier</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 17 1957</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 22 1879</u>	9. AGE (In years last birthday) <u>79</u>	10. UNDER 1 YEAR Months <u>10</u> Days <u>25</u>	11. UNDER 1 HR. 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>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Jeffersonburg Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Cornelius Siess</u>		13b. MOTHER'S MAIDEN NAME <u>Barbara Manhart</u>		14. NAME OF HUSBAND OR WIFE <u>Miss Cornelia B. Holtmeier</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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Cornelia B. Holtmeier</u>		18. ADDRESS <u>Beaufort Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Senility</u>					
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>Bronchitis</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) <u>501X</u> <u>2</u>	
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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?	
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22. I hereby certify that I attended the deceased from 1950 to 2-17, 1957, that I last saw the deceased alive on 12-16, 1957, and that death occurred at 2 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>J.M. Senny</u>		(Degree of title) <u>M.D.</u>		23b. ADDRESS <u>Union Mo.</u>		23c. DATE SIGNED <u>2-18-57</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 19 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Joseph Catholic</u>		24d. LOCATION (City, town, or county) (State) <u>Union Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Feb-18-57</u>		REGISTRAR'S SIGNATURE <u>F. Cooper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Lemme</u>		ADDRESS <u>Beaufort Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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NOV 10 1951

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 E. H. Temme, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed E. H. Temme

Licensed Embalmer No. 3070

P. O. Address Beauford

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.