

STANDARD CERTIFICATE OF DEATH

5677

STATE FILE NUMBER

FILED MAR 12 1957

Registration District No. 257 Primary Registration District No. 5884 Registrar's No. 10

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Osage				a. STATE Mo.		b. COUNTY Osage	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Koeltztown		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN rural, Koeltztown ⁰⁷⁶⁰		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Koeltztown			Length of stay in lb life		d. STREET ADDRESS (If outside, give location) Koeltztown		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First FERDINAND		Middle HOLTERMAN		Last		Month Day Year Feb 23 1957	
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 23, 1868	
9. AGE (In years last birthday) 89		IF UNDER 1 YEAR Months 0 Days 0		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) on farm			10b. KIND OF BUSINESS OR INDUSTRY farmer		11. BIRTHPLACE (City and state or country) Koeltztown Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Frank Holterman				14. MOTHER'S MAIDEN NAME unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none		17. INFORMANT Mr. Frank Holterman Koeltztown		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Left Ventricular Failure							INTERVAL BETWEEN ONSET AND DEATH 3 months.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) Arteriosclerosis							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 4500							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 2				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Argyle, Mo.		20g. COUNTY STATE	
21. I attended the deceased from 12/12/1956 to 2/22/1957 and last saw her alive on Feb. 22/57 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE W. H. Moore, D.O.				22b. ADDRESS		22c. DATE SIGNED	
				Argyle, Mo.		2/24/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Feb. 26, 57	23c. NAME OF CEMETERY OR CREMATORY St. Boniface		23d. LOCATION (City, town, or county) Koeltztown Mo.		(State)
24. FUNERAL DIRECTOR Infirmary Dulle			ADDRESS Jefferson City		25. DATE RECD. BY LOCAL REG. May 5-57		26. REGISTRAR'S SIGNATURE T. A. [unclear]

(Licensed Embalmer's Statement on Reverse Side)

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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

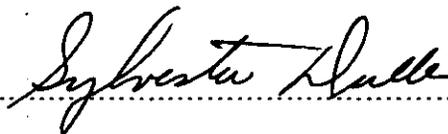
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STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 4

P. O. Address *Jefferson*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.