

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12679

State File No. ....

FILED APR 17 1957

BIRTH NO. _____		REG. DIST. NO. <u>115</u>		PRIMARY REG. DIST. NO. <u>4197</u>		Registrar's No. ....			
1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b>				b. COUNTY <b>FRANKLIN</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>UNION</b>			c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>UNION</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>AT HOME</b>				f. STREET ADDRESS (If rural, give location) <b>200 OAK ST.</b>				<u>03610</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>SOPHIA</b>			b. (Middle) <b>M.</b>		c. (Last) <b>HOLDMEYER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 14 1957</b>		
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>JUNE 19, 1870</b>		9. AGE (In years last birthday) (Months) (Days) (If under 1 year: Hours) (Min.) <b>86 9 25</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of life, even if retired) <b>HOUSEWORK</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>KRAKOW, MO.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>UNKNOWN</b>			13b. MOTHER'S MAIDEN NAME <b>GETTEMAYER</b>			14. NAME OF HUSBAND OR WIFE <b>HERMAN HOLDMEYER</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MATT HOLDMEYER UNION, MO.</b>					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Orthostatic Pneumonia</i>						INTERVAL BETWEEN ONSET AND DEATH <i>10 days</i>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis</i>						<i>20 years</i>	
		DUE TO (c) <i>Senility</i>						<i>10 years</i>	
		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>4500</b>					20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input 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 <i>Sept 19 49</i> to <i>14 April</i> , 1957, that I last saw the deceased alive on <i>14 April</i> , 1957, and that death occurred at <i>10:40 a.m.</i> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>Tom Richardson MD</i>				23b. ADDRESS <i>Union, Mo</i>				23c. DATE SIGNED <i>15 Apr 57</i>	
24a. BURIAL CREMATION REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>4-16-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>IMMACULATE CONCEPTION UNION,</b>		24d. LOCATION (City, town, or county) (State) <b>MO.</b>			
DATE REC'D BY LOCAL REG. <b>4-15-57</b>		REGISTRAR'S SIGNATURE <i>F T Cooper</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Altman Funeral Home Union Mo</i>				

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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 *Ralph Altman*

Licensed Embalmer No. *4808*  
P. O. Address *Union, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.