

STANDARD CERTIFICATE OF DEATH

12685

STATE FILE NUMBER

FILED APR 29 1957

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 127

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) WASHINGTON Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN UNION Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) ST. FRANCIS Length of stay in 1b		d. STREET ADDRESS 120 LINDEN (If not in home, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ELIZABETH Middle ANNA Last HEMKER			4. DATE OF DEATH Month APRIL Day 20 Year 1957
5. SEX FEMALE	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 MARCH 2, 1894
9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK	11. BIRTHPLACE (City and state or country) OERMANN, MO.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		10b. KIND OF BUSINESS OR INDUSTRY SHOE WORK	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME FRED STULKEN		14. MOTHER'S MAIDEN NAME ANNA MARIE WILLIE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or no or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. 495-30-7765	17. INFORMANT LORRAINE SMITH Address UNION, MO.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute pneumonia</i> DUE TO (b) <i>Poor operative complication</i> Site of (c) <i>Skull fracture + cerebral laceration</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (d) <i>Chronic hypertension + cerebral arteriosclerosis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>3 da</i>
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.)	
20c. TIME OF INJURY. Hour a. m. p. m. Month, Day, Year		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>4/15/57</i> to <i>4/20/57</i> and last saw her/him alive on <i>4/20/57</i> . Death occurred at <i>9:25 P.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>[Signature]</i>		22b. ADDRESS <i>Union, MO</i>	
22c. DATE SIGNED <i>4/22/57</i>		22d. SIGNATURE <i>[Signature]</i>	
23a. BURIAL, CREMATION, REINTERMENT (Specify) BURIAL	23b. DATE 4-23-57	23c. NAME OF CEMETERY OR CREMATORY ZION CEMETERY	23d. LOCATION (City, town, or county) (State) UNION, MO.
24. FUNERAL DIRECTOR <i>[Signature]</i> ADDRESS <i>Union</i>		25. DATE RECD. BY LOCAL REG. Apr. 23, 1957	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

(Licensed Embalmer's Statement on Reverse Side)

99-0

MAY 8 1958

MAY 2 1958

STOP

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. Olthmann*

Licensed Embalmer No. *4800*

P. O. Address *Union, Pa.*

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.