

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25657
State File No. _____

FILED JUL 31 1957

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 127

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

1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE Michigan b. COUNTY Berrien			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla		c. LENGTH OF STAY (in this place) Rolla 3 1/2 Hrs		c. CITY OR TOWN Coloma		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Phelps County Memorial Hospital				e. STREET ADDRESS (If rural, give location) Route 2 Box 368			
3. NAME OF DECEASED (Type or Print) a. (First) FRANK		b. (Middle) AUGUST		c. (Last) ORTLEPP		4. DATE OF DEATH (Month) (Day) (Year) 21 July 1957	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 4 April 1896	
9. AGE (in years last birthday) 61		IF UNDER 1 YEAR Months 3 Days 17		IF UNDER 12 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Divisional Manager				10b. KIND OF BUSINESS OR INDUSTRY Sears-Roebuck Co.		11. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois	
12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME Frank Franz Ortlepp			13b. MOTHER'S MAIDEN NAME unable to obtain			14. NAME OF HUSBAND OR WIFE Mrs. Ola Ortlepp	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) WV No 1		(If yes, give war or dates of service) W.W. No. 1		16. SOCIAL SECURITY NO. Yes		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ola Ortlepp Coloma Michigan Route 2 Box 368	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary occlusion				INTERVAL BETWEEN ONSET AND DEATH 4 hours			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) coronary sclerosis							
DUE TO (c)							
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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 4201			
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 <u>7-21</u> , 1957, to <u>7-21</u> , 1957, that I last saw the deceased alive on <u>7-21</u> , 1957, and that death occurred at <u>3:25A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. E. Fend M.D.				23b. ADDRESS Rolla Mo.		23c. DATE SIGNED 7-22-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 22 July 1957		24c. NAME OF CEMETERY OR CREMATORY Graceland Cemetery		24d. LOCATION (City, town, or county) (State) Chicago, Illinois.	
DATE REC'D BY LOCAL REG. July 22, 1957		REGISTRAR'S SIGNATURE Nadine L. Stoll		25. FUNERAL DIRECTOR'S SIGNATURE By G. S. ...		ADDRESS Rolla, Mo.,	

RECEIVED

Phelps County Health Officer.

County File Number 771

Date Filed 7/29/57

JUL 31 1957

FEB 19 1958

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 D. L. Miller

Licensed Embalmer No. 3294

P. O. Address Rolla 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.