

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-009421

STATE FILE NUMBER

FILED APR 7 1958

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 108

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, give TOWNSHIP only) OR TOWN <b>WASHINGTON</b>		c. CITY OR TOWN <b>UNION</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. FRANCIS HOSP.</b>		d. STREET ADDRESS <b>410 W. SPRINGFIELD</b>	

3. NAME OF DECEASED (Type or print) First <b>MARY</b> Middle <b>AMELIA</b> Last <b>HOTMAR</b>			4. DATE OF DEATH Month <b>MARCH</b> Day <b>30</b> Year <b>1958</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JULY 27, 1870</b>		9. AGE (In years last birthday) <b>87</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>HOUSEWIFE</b>	11. BIRTHPLACE (City and state or country) <b>BEAUFORT, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13. FATHER'S NAME <b>WILLIAM HOTMAR</b>			14. MOTHER'S MAIDEN NAME <b>RETHORST</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.	17. INFORMANT <b>EMIL KLINGSICK</b> Address <b>UNION, MO.</b>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of Colon</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 MO.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<b>1538</b>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Arteriosclerotic Cardiac Disease</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.) <b>2</b>	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. CITY, TOWN, OR LOCATION <b>UNION, MO.</b>	20f. COUNTY <b>FRANKLIN</b>	20g. STATE <b>MO.</b>
21. I attended the deceased from <b>9-1-57</b> to <b>3-30-58</b> and last saw her alive on <b>3-30-58</b> Death occurred at <b>11:50 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>B. H. Stuhlmann</b> (Degree or title) <b>M. D. U.</b>	22b. ADDRESS <b>Union, Mo</b>	22c. DATE SIGNED <b>3-21-58</b>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>4-2-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ST. PAUL'S LUTHERAN</b>	23d. LOCATION (City, town, or county) (State) <b>UNION MO.</b>
24. FUNERAL DIRECTOR <b>OLTMANN FUNERAL HOME</b> ADDRESS <b>UNION, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>4/2/58</b>	26. REGISTRAR'S SIGNATURE <b>F. H. Stuhlmann</b>

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be recorded unless 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... *Ralph Ottman* .....

Licensed Embalmer No. *484*

P. O. Address *Union* .....

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.