

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032134
STATE FILE NUMBER

FILED SEP 16 1958

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 270

| | | | |
|---|------------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Cole</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Jefferson City</u> <u>0264</u> <u>0</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1407 Greenberry Road</u> | | Length of stay in lb | d. STREET ADDRESS (If outside, give location) <u>1407 Greenberry Road</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Mrs. Leona Mortimeyer</u> | | | 4. DATE OF DEATH Month Day Year <u>September 10, 1958</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>July 23, 1890</u> |
| 9. AGE (In years last birthday) <u>68</u> | | IF UNDER 1 YEAR Months <u>1</u> Days <u>17</u> Hours <u></u> Min. <u></u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own</u> | 11. BIRTHPLACE (City and state or country) <u>DeWitt, Mo.</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>Louis C. Nolting</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Margaret Stephen</u> | | 14. NAME OF HUSBAND OR WIFE <u>Edward W. Mortimeyer</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>NO</u> | 17. INFORMANT Address <u>Mrs. Forrest Whaley 1407 Greenberry Rd. Ci</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinomatous abdominal organ</u> DUE TO (b) <u>Primary carcinoma of pancreas</u> DUE TO (c) <u>157X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | INTERVAL BETWEEN ONSET AND DEATH <u>8 1/2 months</u> |
| 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.) | | 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 COUNTY STATE |
| 21. I attended the deceased from <u>2-5-58</u> to <u>9-10-58</u> and last saw her/him alive on <u>9-7-58</u> Death occurred at <u>8:30 A. M.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>John W. McManey</u> | | 22b. ADDRESS <u>Jefferson City, Mo</u> | 22c. DATE SIGNED <u>9/11/58</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Sept. 12, 1958</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Elliott Grove Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Brunswick, No.</u> |
| 24. FUNERAL DIRECTOR <u>Decker Bruncher Jr Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>11 September 1958</u> | 26. REGISTRAR'S SIGNATURE <u>R.P. Davis, MD-MR.</u> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

SEP 16 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 *Victor Buescher*

Licensed Embalmer No. *3701*

P. O. Address *Jama*

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.