Health, Welfare ublic ervice

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-043717
STATE FILE NUMBER

FILED JAN 5 1959 Registration District No. 116-116 Primary Registration District No. 3020 Registrar's No. 320

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Washington, Missouri — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Francis Hospital — Length of stay in 1b: 1 day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Gasconade
c. CITY OR TOWN: Owensville Route 1. 1370 — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): Beemont — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: HENRY — Middle: F. — Last: FRITZEMEYER

4. DATE OF DEATH: Month: Dec. — Day: 25, — Year: 1958

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Aug 13, 1882
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 4, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and state or country): Drake, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Frederich Fritzemeyer
13b. MOTHER'S MAIDEN NAME: Caroline Brink
14. NAME OF HUSBAND OR WIFE: Lena Fritzemeyer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT — Address: Mrs. Lena Fritzemeyer, Owensville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: [illegible]
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary Artery Disease
DUE TO (c): Diabetes Mellitus
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 260X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 19-55, to 19-58 and last saw him alive on 12-25-58
Death occurred at 3:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Oliver A. Johnson, M.D.
22b. ADDRESS: Gerald
22c. DATE SIGNED: 12-27-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Dec. 28, 1958
23c. NAME OF CEMETERY OR CREMATORY: Beemont Methodist
23d. LOCATION (City, town, or county) (State): Beemont Gasconade, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Oltmann Funeral Home, Gerald, Mo.
25. DATE RECD. BY LOCAL REG.: 12-29-58
26. REGISTRAR'S SIGNATURE: F. Heidmann, F. Heidmann Dep.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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JAN 22 1959

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 Ernst L. Oltmann

Licensed Embalmer No. 4054

P. O. Address Gerald, Missouri

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.