

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008305

STATE FILE NUMBER

FILED APR 8 1959

Registration District No. 4

Primary Registration District No.

Registrar's No. 37

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1-57

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Atchison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Benton Twsp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Langdon
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION none		Length of stay in lb no	d. STREET ADDRESS (If outside, give location) none
3. NAME OF DECEASED (Type or print) First Middle Last Eldon Dale Woltemath			4. DATE OF DEATH Month Day Year 4 3 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-26-1930
9. AGE (In years last birthday) 28		IF UNDER 1 YEAR Months 3 Days 7	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (City and state or country) Johnson Co. Nebr.,
12. CITIZEN OF WHAT COUNTRY? US		13a. FATHER'S NAME Emil Woltemath	
13b. MOTHER'S MAIDEN NAME Mable Wölters		14. NAME OF HUSBAND OR WIFE Delsie Woltemath	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) no none		16. SOCIAL SECURITY NO. 507-40-0695	17. INFORMANT Emil Woltemath, Elk Creek, Nebr.,
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BROKEN NECK & SKULL FRACTURE			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			912 3
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) CAUGHT IN BELT ON TRACTOR	
20c. TIME OF INJURY Hour 3:45 p.m. Month, Day, Year 4-3-59		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) FARM	
20e. CITY, TOWN, OR LOCATION COUNTY 003 STATE 		20f. CITY, TOWN, OR LOCATION COUNTY 003 STATE 	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Douglas G. Galley (Degree or title) Coroner ³		22b. ADDRESS Rock Port Mo.	
22c. DATE SIGNED 4-3-59		22d. DATE SIGNED 4-3-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4-3-1959	
23c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery		23d. LOCATION (City, town, or county) (State) Elk Creek, Nebr.	
24. FUNERAL DIRECTOR Bartholomew Mortuary, Rock Port.		25. DATE RECD. BY LOCAL REG. April 4, 1959	
26. REGISTRAR'S SIGNATURE Harvin H. Schaefer		26. REGISTRAR'S SIGNATURE Harvin H. Schaefer	

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.

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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 *Gret Bartholomew*

Licensed Embalmer No. 3173

P. O. Address.....Rock Port....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.