URL DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 16 1959

59-036887

STATE FILE NUMBER

NDED

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 311

1. PLACE OF DEATH
a. COUNTY Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal — Length of stay in 1b: 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Marion
c. CITY OR TOWN RFD #3, Palmyra — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Liberty Township — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Wilhelmine Middle S. Last Gottman

4. DATE OF DEATH: Month Oct. Day 5 Year 1959

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 7/22/1877
9. AGE (last birthday): 82
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Wisconsin
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Christopher Schmedt
13b. MOTHER'S MAIDEN NAME: Wilhelmina Riechmann
14. NAME OF HUSBAND OR WIFE: Henry J. Gottman, Sr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 497-42-1440A
17. INFORMANT: Paul Gottman, Rt. 3, Palmyra, Mo. Address

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 Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 Oct 4, 1959 to Oct 5, 1959 and last saw her/him alive on Oct 4, 1959
Death occurred at 4:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title) M D
22b. ADDRESS: Palmyra Mo
22c. DATE SIGNED: 10/6/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/7/1959
23c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery
23d. LOCATION (City, town, or county) (State): Palmyra, Mo.

24. FUNERAL DIRECTOR ADDRESS: Lewis Brothers', Palmyra, Mo.
25. DATE RECD. BY LOCAL REG.: 10-8-59
26. REGISTRAR'S SIGNATURE: Dr Em. Lucke By W C Fisher

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George M. Lam

Licensed Embalmer No. 4851

P. O. Address Palmyra, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.