

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032418

STATE FILE NUMBER

AMENDED

Registration District No. 113
FILED OCT 13 1961

Primary Registration District No. 5430 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY FRANKLIN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY FRANKLIN			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CENTRAL		Length of stay in 1b		c. CITY OR TOWN UNION		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AT HOME			Inside Limits Yes ☐ No ☐		d. STREET ADDRESS (If outside, give location) R.R. # 2		Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First JULIA Middle MARY Last VONDERA				4. DATE OF DEATH Month SEPT. Day 25 Year 1961			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH MAY 2, 1889	
9. AGE (last birthday) 72		IF UNDER 1 YEAR Months 4 Days 23		IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE				10b. KIND OF BUSINESS OR INDUSTRY CLOVER BOTTOM, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME WILLIAM KLENKE				13b. MOTHER'S MAIDEN NAME CHRISTINE TERSCHLUSE		14. NAME OF HUSBAND OR WIFE HENRY E. VONDERA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO				16. SOCIAL SECURITY NO. NONE		17. INFORMANT MR. HENRY E. VONDERA r.r. #2	
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>Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Diabetes Mellitus & Hypertension</u> DUE TO (c) <u></u> 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				INTERVAL BETWEEN ONSET AND DEATH 30 min 12 yrs			
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 11-18-1943 to 9-22-61 and last saw her alive on 9-22-1961 Death occurred at 11:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE B. A. Stuhlman M.D.				22b. ADDRESS 9-23-61 Union, Mo		22c. DATE SIGNED 9-23-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE SEPT. 28, 1961		23c. NAME OF CEMETERY OR CREMATORY IMMACULATE CON. CEM.		23d. LOCATION (City, town, or county) (State) UNION MO.	
24. FUNERAL DIRECTOR OLTMANN FUNERAL HOME				25. DATE RECD. BY LOCAL REG. Sept 27-61		26. REGISTRAR'S SIGNATURE [Signature]	

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1961 & 1100

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 Ottmann

Licensed Embalmer No. *4808*

P. O. Address *Union, 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.