

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040626

STATE FILE NUMBER

AMENDED

Registration District No. 116 Primary Registration District No. 2020 Registrar's No. 264

FILED NOV 27 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY FRANKLIN b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN WASHINGTON Length of stay in 1b c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANCIS HOSPITAL Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY FRANKLIN c. CITY OR TOWN VILLA RIDGE Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) R.R. # 1 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First JOSEPH Middle F. Last HOLDMEIER			4. DATE OF DEATH Month NOV. Day 17 Year 1961			
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 MAR. 29, 1884	9. AGE (last birthday) 77	IF UNDER 1 YEAR months 7	IF UNDER 24 HR Hours 18 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and state or country) VILLA RIDGE, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME HENRY HOLDMEIER		13b. MOTHER'S MAIDEN NAME GERTRUDE LENAU		14. NAME OF HUSBAND OR WIFE FRANCES HOLDMEIER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			17. INFORMANT Address MRS. FRANCES HOLDMEIER R.R. #1			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pulmonary Fibroses DUE TO (c) Pneumonia + Chest Injury + Hemorrhage						INTERVAL BETWEEN ONSET AND DEATH 3 months 10 years
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year		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>18 Apr 1960</u> to <u>17 Nov 61</u> and last saw him alive on <u>16 Nov 61</u> Death occurred at <u>1 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <i>Wm Richardson, MD</i>			22b. ADDRESS Union, MO		22c. DATE SIGNED 17 Nov 61	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE NOV. 20, 1961	23c. NAME OF CEMETERY OR CREMATORY ST. JOHN'S GILDEHAUS		23d. LOCATION (City, town, or county) (State) VILLA RIDGE, MO.		
24. FUNERAL DIRECTOR ADDRESS OLTMANN FUNERAL HOME		25. DATE RECD. BY LOCAL REG. 11/20/61		26. REGISTRAR'S SIGNATURE <i>Leopold Hudmann</i>		

OV 29 1961

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 Altmann

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.