

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042189

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 716

Primary Registration District No. 3020

Registrar's No. 245

FILED DEC 10 1962

1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>WASHINGTON</b> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. FRANCIS HOSPITAL</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>FRANKLIN</b> c. CITY OR TOWN <b>UNION</b> d. STREET ADDRESS (If outside, give location) <b>108 N. OAK STREET</b>	
3. NAME OF DECEASED (Type or print) First <b>RALPH</b> Middle <b>EDWARD</b> Last <b>SUDHOLT</b>		4. DATE OF DEATH Month <b>DECEMBER</b> Day <b>6</b> Year <b>1962</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/16/1910</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AUTO SALES &amp; INSURANCE</b>		9. AGE (last birthday) <b>51</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.	
13a. FATHER'S NAME <b>GEORGE SUDHOLT</b>		13b. MOTHER'S MAIDEN NAME <b>ANNA WIERHAK</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>493-05-9773</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE <b>Myocardial infarction</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>Coronary thrombosis</b> DUE TO (b) <b>Coronary thrombosis</b> DUE TO (c) <b>Coronary thrombosis</b>		14. NAME OF HUSBAND OR WIFE <b>IRENE SUDHOLT</b> Address <b>108 N. OAK ST. UNION, MISSOURI</b>	
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 checked="" 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 <b>UNION</b> COUNTY <b>FRANKLIN</b> STATE <b>MISSOURI</b>	
21. I attended the deceased from <b>12/5/62</b> to <b>12/6/62</b> and last saw her alive on <b>12/6/62</b> Death occurred at <b>9:20 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Dr. J. H. Stumpe, M.D.</b>		22b. ADDRESS <b>Union Mo.</b>	
22c. DATE SIGNED <b>12/7/62</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>12/8/1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>UNION CEMETERY</b>	
23d. LOCATION (City, town, or county) <b>UNION</b>		23e. STATE <b>MISSOURI</b>	
24. FUNERAL DIRECTOR <b>OLTMANN FUNERAL HOME</b>		25. DATE RECD. BY LOCAL REG. <b>12/8/62</b>	
26. REGISTRAR'S SIGNATURE <b>Leola C. Hudman</b>			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBONVS 300  
Rev. 4/59

2365

2364

3

4 0

5 1

6

7 0

8 2

9 4-201

10

11

12 2-0

13 5-0

DEC 21 1962

### 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 Ottman

Licensed Embalmer No. 4808

P. O. Address Union, N.J.

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.