

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-023246

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JUN 28 1965

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>FRANKLIN</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>WASHINGTON</b>		c. CITY OR TOWN <b>UNION</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. FRANCIS HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>413 W. STATE ST.</b>	
3. NAME OF DECEASED (Type or print) First <b>MARTIN</b> Middle <b>G.</b> Last <b>LAUSE</b>		4. DATE OF DEATH Month <b>JUNE</b> Day <b>18</b> Year <b>1965</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>FEB. 5, 1875</b>
9. AGE (last birthday) <b>90</b>		10. IF UNDER 1 YEAR Months <b>4</b> Days <b>13</b>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PIPE FACTORY</b>		12. KIND OF BUSINESS OR INDUSTRY <b>BAKERY</b>	
13a. FATHER'S NAME <b>MATTHIAS LAUSE</b>		13b. MOTHER'S MAIDEN NAME <b>CLARA BOSS</b>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		15. SOCIAL SECURITY NO. <b>UNKNOWN</b>	
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b>		17. INFORMANT <b>MRS. MARY PELSTER, UNION, MO.</b>	
DUE TO (b) <b>Asterio subacute Cerebrovascular Disease</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. <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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	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, MO.</b>	
21. I attended the deceased from <b>4-15-43</b> to <b>6-18-65</b> and last saw her/him alive on <b>6-18-65</b>		22. SIGNATURE (Degree or title) <b>B. H. Stokkman M.D.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>JUNE 22, 1965</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>IMMACULATE CON. CEM.</b>		23d. LOCATION (City, town, or county) (State) <b>UNION MO.</b>	
24. FUNERAL DIRECTOR <b>OLTMANN FUNERAL HOME</b>		25. DATE RECD. BY LOCAL REG. <b>6/22/65</b>	
26. REGISTRAR'S SIGNATURE <b>Leola P. Heilmann</b>			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**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, 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.