

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **14061**

BIRTH NO.		REG. DIST. NO. 211		PRIMARY REG. DIST. NO. 4324		Registrar's No. 13-56							
1. PLACE OF DEATH a. COUNTY Miller				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Miller					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tuscumbia		c. LENGTH OF STAY (in this place) 4 weeks		c. CITY OR TOWN Eldon		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION Humphreys Hospital				e. STREET ADDRESS (If rural, give location) 302 W. 2nd				26610					
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE			b. (Middle)			c. (Last) WOLTEMADE			4. DATE OF DEATH (Month) (Day) (Year) Apr. 17, 1956				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 18, 1879		9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Shop Foreman				10b. KIND OF BUSINESS OR INDUSTRY C. & A. Railway				11. BIRTHPLACE (City and State or Foreign Country) Lincoln, Nebraska			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Herman Woltemade				13b. MOTHER'S MAIDEN NAME Emma Helwig				14. NAME OF HUSBAND OR WIFE Belle Wills Woltamade					
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'S SIGNATURE OR NAME Mrs. Geo. Woltemade				ADDRESS Eldon, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Coronary Thrombosis						INTERVAL BETWEEN ONSET AND DEATH 2 Min.					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)											
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		4201							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?									
22. I hereby certify that I attended the deceased from 3/20/56 , 19 56 , to 4-17, 1956 , that I last saw the deceased alive on 4-17, 1956 and that death occurred at 11: P.m. , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) L.S. Humphreys D.O.						23b. ADDRESS Tuscumbia, Mo.				23c. DATE SIGNED 4-20-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-20-1956		24c. NAME OF CEMETERY OR CREMATORY Woodlawn		24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.							
DATE REC'D BY LOCAL REG. April 20, 1956		REGISTRAR'S SIGNATURE Mrs. R.E. Kallenbach				25. FUNERAL DIRECTOR'S SIGNATURE Louis D. Phillips						ADDRESS Eldon	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

APR 20 REC'D

MILLER COUNTY HEALTH
DEPARTMENT

MAY 22 1956
MAY 17 1956
DEC 18 1956

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

Louis D. Phillips

Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Louis D. Phillips*

Licensed Embalmer No. *36*

P. O. Address *Leeds*

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.