

FILED DEC 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41055

BIRTH NO. _____ REG. DIST. NO. 115 PRIMARY REG. DIST. NO. 4187 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE MO.		b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, write RURAL and give township) UNION		c. LENGTH OF STAY (in this place) UNION		c. CITY OR TOWN UNION	
d. FULL NAME OF HOSPITAL OR INSTITUTION CHRISTINA AVE.		e. STREET ADDRESS (If rural, give location) CHRISTINA AVE.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) EDWARD		b. (Middle) F.		c. (Last) DETMER	
4. DATE OF DEATH (Month) (Day) (Year) NOV. 9, 1956		5. SEX <input checked="" type="radio"/> MALE <input type="radio"/> FEMALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH FEB. 8, 1873		9. AGE (In years last birthday) Months Days 83 9 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FLOUR MILLING		10b. KIND OF BUSINESS OR INDUSTRY FLOUR MILLING		11. BIRTHPLACE (City and State or Foreign Country) UNION, MO.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME CHRIST DETMER		13b. MOTHER'S MAIDEN NAME LENENA BOETCHER	
14. NAME OF HUSBAND OR WIFE SOPHIA DETMER		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NO		16. SOCIAL SECURITY NO. NO	
17. INFORMANT'S SIGNATURE OR NAME EDWARD F. DETMER		ADDRESS UNION, MO.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Coronary Thrombosis	
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) Natural		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Union, Union, Franklin Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 9 1956 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Dropped dead in room	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE Ernst R. Oltmann coroner		23b. ADDRESS Union, Mo		23c. DATE SIGNED Nov 9, 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Nov. 11, 1956		24c. NAME OF CEMETERY OR CREMATORY ST. JOHN'S MANTELS	
24d. LOCATION (City, town, or county) (State) UNION, MO.		DATE REC'D BY LOCAL REG. 12-27-56		REGISTRAR'S SIGNATURE H. T. Cooper	
25. FUNERAL DIRECTOR'S SIGNATURE E. F. Oltmann		ADDRESS Union, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

173 27 1958

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..... *E. F. Altman*

Licensed Embalmer No. *1686*

P. O. Address *Union 2*

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.