

454964
FILED APR 1 - 1957

STANDARD CERTIFICATE OF DEATH

8332

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 279

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institutions: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Springfield</u> <u>0396</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>734 E. Madison</u>		Length of stay in 1b <u>75 years</u>	d. STREET ADDRESS (If outside, give location) <u>701 E. Monroe</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>W.</u> Last <u>Ollmann</u>			4. DATE OF DEATH Month <u>March</u> Day <u>24</u> Year <u>1957</u>		
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5. SEX <u>Male</u> <input type="checkbox"/> <input checked="" type="checkbox"/>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>January 14, 1875</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>10</u> Hours <u></u> Min. <u></u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Railway Employee</u>	11. BIRTHPLACE (City and state or country) <u>Webster Groves, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13. FATHER'S NAME <u>Wilhelm Ollmann</u>	14. MOTHER'S MAIDEN NAME <u>Lora Tiede</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Miss Helen Ollmann</u>	Address <u>Springfield</u>
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>		Mo.	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
DUE TO (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)			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.) <u>331X</u>
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20c. TIME OF INJURY Hour _____ a. m. _____ 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 <u>Springfield</u>	COUNTY <u>Greene</u>	STATE <u>Missouri</u>
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21. I attended the deceased from Mar 12/57 to Mar 14/57 and last saw her alive on Mar 24/57
Death occurred at 3:45 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Ma Deibel</u> (Degree or title)	22b. ADDRESS <u>McDaniel Building</u> <u>Springfield, Missouri</u>	22c. DATE SIGNED <u>3/25/57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Mar. 27, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hazelwood</u>	23d. LOCATION (City, town, or county) <u>Springfield, Missouri</u>	(State)
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24. FUNERAL DIRECTOR <u>Norman Schaefer</u> <u>Springfield, Mo.</u> (Licensed Embalmer's Statement on Reverse Side)	ADDRESS <u>7. Home</u>	25. DATE RECD. BY LOCAL REG. <u>3-26-57</u>	26. REGISTRAR'S SIGNATURE <u>Edna Williamson</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. diseases in Part I must be causally related.

APR

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JAN 21 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..... *Lewis G Schapp*

Licensed Embalmer No. *384*

P. O. Address *Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.