

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 3 8 2 0

RECORDED 15 DEC 21 1959

STATE FILE NUMBER

Registration District No. 115-116 Primary Registration District No. 4187 Registrar's No. 269

1. PLACE OF DEATH a. COUNTY FRANKLIN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY FRANKLIN				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN UNION		Length of stay in 1b		c. CITY OR TOWN UNION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AT HOME			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 414 E. BROWN ST.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First LENA Middle FLORENTINE Last CORUM				4. DATE OF DEATH Month DEC. Day 13, Year 1959				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH NOV. 27, 1888	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months 16	IF UNDER 24 HR Days 16 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE		11. BIRTHPLACE (City and state or country) BUTLER, MO.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME FREDERICK NIEDER			13b. MOTHER'S MAIDEN NAME CAROLINE CRAFEN		14. NAME OF HUSBAND OR WIFE DEC.			
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 WALTER CORUM UNION, MO.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Bacterial peritonitis and disease</i>						INTERVAL BETWEEN ONSET AND DEATH <i>5.4 hr</i>		
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) <i>Hypocytic pneumonia + Bacterial peritonitis</i>						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		COUNTY STATE		
21. I attended the deceased from <i>12-40</i> to <i>12-13-59</i> and last saw her ^{her} _{him} alive on <i>12-12-59</i> Death occurred at <i>3.2 p.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>H.M. Henry M.D.</i> (Degree or title)				22b. ADDRESS <i>Union Mo</i>		22c. DATE SIGNED <i>12-14-59</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE DEC. 15, 1959	23c. NAME OF CEMETERY OR CREMATORY UNION CEMETERY		23d. LOCATION (City, town, or county) UNION MO.		23e. (State)		
24. FUNERAL DIRECTOR OLTMANN FUNERAL HOME UNION, MO.				25. DATE RECD. BY LOCAL REG. <i>12/15/59</i>		26. REGISTRAR'S SIGNATURE <i>J.S. Shidman</i>		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 1 1960

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 Ottmann

Licensed Embalmer No. 7808

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.