

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008270

STATE FILE NUMBER

AMENDED

Registration District No. 115416 Primary Registration District No. 3020 Registrar's No. 81

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 WASHINGTON		Length of stay in lb 1	c. CITY OR TOWN UNION
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANCIS HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 311 E. STATE ST.
3. NAME OF DECEASED (Type or print) First EMMA Middle Last REYMER		4. DATE OF DEATH Month MARCH Day 26 Year 1961	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH OCT. 17, 1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DRUG CLERK		10b. KIND OF BUSINESS OR INDUSTRY DRUG CLERK	9. AGE (last birthday) 83
11. BIRTHPLACE (City and state or country) MORRISON, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME HERMAN REYMER		13b. MOTHER'S MAIDEN NAME JOHANNA KOLKS	
14. NAME OF HUSBAND OR WIFE NONE			
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 MR. CHARLES REYMER		Address 311 E. STATE ST.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac arrest			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Cerebral vascular hemorrhage			2 wks
DUE TO (c) Arteriosclerosis, generalized			8 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Myocardial degeneration, senility			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 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 1948 to 26 Mar 61 and last saw her him alive on 25 Mar 61 Death occurred at 6:45 a m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Wm Richardson, M.D.		22b. ADDRESS Union, Missouri	22c. DATE SIGNED 27 Mar 61
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAR. 28, 1961	23c. NAME OF CEMETERY OR CREMATORY IMMACULATE CONCEPTION CEM.	23d. LOCATION (City, town, or county) (State) UNION MO.
24. FUNERAL DIRECTOR OLTMANN FUNERAL HOME		ADDRESS UNION, MO.	25. DATE RECD. BY LOCAL REG. 3/28/61
		26. REGISTRAR'S SIGNATURE L.P. Helman Deputy	

(Licensed Embalmer's Statement on Reverse Side)

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

MAY 3 1961

NOV 29 1961

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 Oltmann

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.