ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

Enloe

-61-032268
STATE FILE NUMBER

AMENDED

Registration District No. 77 Primary Registration District No. 5302 Registrar's No. 9

FILED OCT 5 1961

1. PLACE OF DEATH
a. COUNTY Cole Clark Twp.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City, Mo. Length of stay in 1b 12 yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Bultmann farm Rt. 2 Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cole
c. CITY OR TOWN Jefferson City Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 410 Vetter Lane Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Ernst Middle: Gottfried Last: Bultmann
4. DATE OF DEATH Month: Sept. Day: 28, Year: 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 8-20-1883
9. AGE (last birthday) 78
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister
10b. KIND OF BUSINESS OR INDUSTRY Lutheran Church
11. BIRTHPLACE (City and state or country) Uniontown, Missouri
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Ernst Bultmann
13b. MOTHER'S MAIDEN NAME Martha Telle
14. NAME OF HUSBAND OR WIFE Isabell Frentzel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
17. INFORMANT Address Gilbert Bultmann, Jefferson City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Heart disease — 10-15 yr.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 years ago to 9/28/61 and last saw ~~him~~ alive on
Death occurred at in Cole County about 10 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [illegible] MD
22b. ADDRESS Jefferson City Mo.
22c. DATE SIGNED 9/30/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-1-1961
23c. NAME OF CEMETERY OR CREMATORY Immanuel Lutheran Church Cemetery
23d. LOCATION (City, town, or county) Cole County (State) Missouri

24. FUNERAL DIRECTOR ADDRESS Gideon N. Houser, Jefferson City, Mo.
25. DATE RECD. BY LOCAL REG. 1 October 1961
26. REGISTRAR'S SIGNATURE R. Harris MD N. Richter, Dep.

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

MAR 4 1963

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 Bill McLaughlin, Student Embalmer No. 620 working under my personal supervision.

Student Bill McLaughlin
Signature of Student Embalmer

Signed Gideon N. Hansen

Licensed Embalmer No. 4579

P. O. Address Jefferson City

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.