

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027714

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 290

FILED JUL 25 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59
1 0269
2 0760
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4 1
5 2
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7 0
8 0
9 331X
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11
12 2-0
13 30

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Osage	
b. CITY (If outside corporate limits, give TOWNSHIP only) Jefferson City		Length of stay in 1b 4 days	c. CITY OR TOWN Folk
c. FULL NAME OF (If NOT in hospital, give location) St. Mary's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3 miles West of Folk
3. NAME OF DECEASED (Type or print) First Middle Last Sophia Mariea Pauline Ortmeyer			4. DATE OF DEATH Month Day Year July 22, 1963
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 1877, 28 November 85
10a. USUAL OCCUPATION (Give kind of work done - during most of working life, even if retired) Homemaker	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Cole, county, Mo. USA	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME John Schmutzler		13b. MOTHER'S MAIDEN NAME Margaretha Kiesling	13c. NAME OF HUSBAND OR WIFE Stephen Ortmeyer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No		16. SOCIAL SECURITY NO.	17. INFORMANT Oscar Ortmeyer, Jefferson City, 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) Cerebral hemorrhage DUE TO (b) Gen Arterio sclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 4 days. 2-3 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arterio sclerotic heart disease - Atherosclerosis			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 7/20/63 to 7/24/63 and last saw her alive on 7/24/63 Death occurred at 620 p on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W. Kanegawa MD		22b. ADDRESS 54-E High St	22c. DATE SIGNED 7/24/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-24-1963	23c. NAME OF CEMETERY OR CREMATORY St. John's Lutheran	23d. LOCATION (City, town, or county) (State) Cole, County, Missouri
24. FUNERAL DIRECTOR ADDRESS Gideon N. Houser, Jefferson City, Mo.		25. DATE RECD. BY LOCAL REG. 24 July 1963	26. REGISTRAR'S SIGNATURE Therese Richter

USE BLACK INK OR TYPEWRITER RIBBON

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

Gideon N. Houser

Licensed Embalmer No. 4579

P. O. Address Jefferson City, 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.