

124

STATE FILE NUMBER

68 0019797

CERTIFICATE OF DEATH

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 120

DO NOT WRITE
ON THIS STUB

VS 300
Rev. 1/68

4. 0365

5. 2

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED, IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

6. 0364

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME		FIRST		MIDDLE		LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. Nettie		M.		Buff.		F		3. May 21, 1968			
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH	
4. White		5a. 78		5b. 7		5c. 7		6. May 14 1890		7a. Franklin	
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)							
7b. Washington		7c. Yes		7d. St. Francis							
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)					
8. Missouri		9. U.S.A.		10. Widowed		11. None					
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY							
12. 492-09-9434		13a. Housewife		13b. Shoe work							
RESIDENCE—STATE		CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER					
14a. Mo		14b. Franklin		14c. Union		14d. Yes		14e. 611 E. Main St.			
FATHER—NAME		FIRST		MIDDLE		LAST		MOTHER—MAIDEN NAME			
15. Squire		Sibole		Elizabeth		Hults					
INFORMANT—NAME		MAILING ADDRESS		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)							
17a. Mrs. Ellen Lewis		17b. 611 E. Main St. Union, Mo. 63084									
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
18. IMMEDIATE CAUSE		(a) Massive intracranial hemorrhage		2 hours							
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(b) Cerebral arteriosclerosis									
(c)											
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES OR NO)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH							
19a. no		19b. no									
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)					
20a. no		20b. no		20c. no							
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION		(STREET OR R.F.D. NO., CITY OR TOWN, STATE)					
20a. no		20b. no		20c. no							
CERTIFICATION—PHYSICIAN:		MONTH		DAY		YEAR		AND LAST SAW HIM/HER ALIVE ON		I DID NOT SEE THE BODY AFTER DEATH.	
21a. DECEASED FROM		Oct 10 1967		May 21 1968		5 20 68		21b. no		21c. 2:10	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		22a. no		22b. no		22c. no		22d. no		22e. no	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)							
23a. R. W. Moellenhoff, M.D.		23b. R. W. Moellenhoff, M.D.		23c. May 23, 1968							
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE		ZIP			
23a. 205 Elm,		Washington,		Missouri		63090					
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN		STATE			
24a. Burial		24b. Prospect Cemetery		24c. St. Clair		Mo.					
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)							
24a. May 23 1968		24b. Oltmann Funeral Home		103 N. Chuach St.		Union		Mo.			
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR							
25a. Ralph Oltmann		25b. L. C. Lindmann		25c. 5/23/68							

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

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 Ulmann

Licensed Embalmer No. 4808

P. O. Address Ames, 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.