S. No. 300
v. 10.48

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39997

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5157 Registrar's No. 429

0140
1

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: CALLAWAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL AUXVASSE
c. LENGTH OF STAY (in this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2 MILES N.W OF PORTLAND

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CALLAWAY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL AUXVASSE 0140
d. STREET ADDRESS (If rural, give location): 2 MILES N.W. OF PORTLAND

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): ALICE
c. (Last): HOLZHAUSER

4. DATE OF DEATH (Month) (Day) (Year): 12 30 1950

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: DEC. 30, 1866
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEKEEPER
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): MISSOURI 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: HENRY HARLAND
13b. MOTHER'S MAIDEN NAME: DELPHIA McCALL
14. NAME OF HUSBAND OR WIFE: LOUIS HOLZHAUSER

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'S SIGNATURE OR NAME / ADDRESS: THERESA SALING, PORTLAND MO

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart attack, Sudden — INTERVAL BETWEEN ONSET AND DEATH: a few Mins

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic Arthritis & Hypertension
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: 447 X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Portland Callaway MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1949, *to* Dec 30, 1950, *that I last saw the deceased alive on* Dec 26, 1950 *and that death occurred at* 1230 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W D Layne MD
23b. ADDRESS: R#6 Fulton Mo
23c. DATE SIGNED: 1-1-51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 1-1-1951
24c. NAME OF CEMETERY OR CREMATORY: PORTLAND
24d. LOCATION (City, town, or county) (State): PORTLAND, MO.

DATE REC'D BY LOCAL REG.: Jan-4-1951
REGISTRAR'S SIGNATURE: Maretta Lawrence 426
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Maupin Funeral Chap Fulton Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAY 22 1951

RECEIVED

JAN 4 1951

DISTRICT HEALTH OFFICE No. 4

File No. .....

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 .....
Student Embalmer

Signed Walter J. Haines Jr.,

Licensed Embalmer No. 4 S 57

P. O. Address Fulton 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 this body is not embalmed, fact should be so stated above.