

FILED JUL 6 - 1957

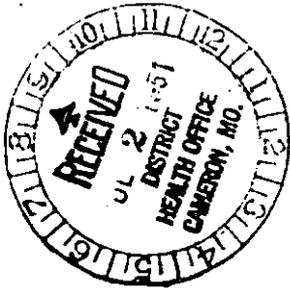
THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19333

0030

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

BIRTH NO.		REG. DIST. NO. 4	PRIMARY REG. DIST. NO. 4014	Registrar's No. 39
1. PLACE OF DEATH a. COUNTY <i>Atchison</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <i>Missouri</i> b. COUNTY <i>Atchison</i>		
b. CITY (If outside corporate limits, write RURAL and give township) <i>Fairfax</i>		c. LENGTH OF STAY (In this place) <i>5 days</i>	c. CITY (If outside corporate limits, write RURAL and give township) <i>Rock Port 1030</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Fairfax Comm Hosp</i>		d. STREET ADDRESS (If rural, give location) <i>0</i>		
3. NAME OF DECEASED (Type or Print) a. (First) <i>CONRAD</i> b. (Middle) <i>(unknown)</i> c. (Last) <i>HOLTERMAN</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>June 19, 1951</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED—NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>unknown</i>	9. AGE (In years last birthday) IF UNDER 1 YEAR: Months Days IF UNDER 2 HRS. Hours Min. <i>9</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>General retired</i>		11. BIRTHPLACE (State or foreign country) <i>unknown</i>
12. CITIZEN OF WHAT COUNTRY? <i>unknown</i>		13a. FATHER'S NAME <i>Unknown</i>		
13b. MOTHER'S MAIDEN NAME <i>Unknown</i>		14. NAME OF HUSBAND OR WIFE <i>Unknown</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>unknown</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. J. E. McNeil, Fairfax, Mo.</i>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>cerebral edema</i> ANTECEDENT CAUSES MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>cerebral hemorrhage</i> DUE TO (c) <i>hypertension</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <i>1 week</i> <i>10 days</i> <i>unknown</i>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>331x</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>9 June</i> , 1951, to <i>19 June</i> , 1951, that I last saw the deceased alive on <i>19 June</i> , 1951, and that death occurred at <i>8 p</i> m., from the causes and on the date stated above.				
23a. SIGNATURE <i>E. B. Little M.D.</i>		23b. ADDRESS <i>Rock Port, Mo.</i>		23c. DATE SIGNED <i>6/25/51</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>June 21, 1951</i>		24c. NAME OF CEMETERY OR CREMATORY <i>English Grove</i>
24d. LOCATION (City, town, or county) (State) <i>Fairfax Mo</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Marvin H. Schaefer, Schaefer Funeral Home, Fairfax</i>		



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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Marvin H. Schaefer

Signed.....  
Student Embalmer

Licensed Embalmer No. 4167

P. O. Address Fairfax, 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.