

FILED FEB 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2340

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5987 Registrar's No. 15

850
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Pulaski</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <p style="text-align: center;">Missouri</p> b. COUNTY <p style="text-align: center;">Pulaski</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Rural Union</p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Rural Union</p>	
c. LENGTH OF STAY (in this place) <p style="text-align: center;">45 yrs.</p>		d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">0</p>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <p style="text-align: center;">Vada</p>	b. (Middle) <p style="text-align: center;">Mae</p>	c. (Last) <p style="text-align: center;">Holtsclaw</p>	4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">1 31 1952</p>
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5. SEX <p style="text-align: center;">Female</p>	6. COLOR OR RACE <p style="text-align: center;">White</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Married</p>	8. DATE OF BIRTH <p style="text-align: center;">9/10/1898</p>	9. AGE (In years last birthday) Months Days Hours Min. <p style="text-align: center;">53 4 21</p>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Housework</p>	10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">Own Home</p>	11. BIRTHPLACE (State or foreign country) <p style="text-align: center;">Missouri</p>	12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">U.S.A.</p>
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13a. FATHER'S NAME <p style="text-align: center;">Marian B. Smith</p>	13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Lutitia Hill</p>	14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Ellis Holtsclaw</p>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">No X</p>	16. SOCIAL SECURITY NO. <p style="text-align: center;">X</p>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <p style="text-align: center;">Mr. Ellis Holtsclaw, Dixon, Missouri</p>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pituitary adenoma</u>		INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center;">?</p>
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> <p style="text-align: center;">DUE TO (b) <u>at Achromegaly.</u></p> <p style="text-align: center;">DUE TO (c)</p>		
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <p style="text-align: center;">277X</p>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) <p style="text-align: center;">Dixon, Pulaski, Mo</p>
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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?
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22. I hereby certify that I attended the deceased from Jan. 28, 1952, to Jan. 28, 1952, that I last saw the deceased alive on Jan. 28, 1952, and that death occurred at 12:30 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <p style="text-align: center;">Dr. R. W. Williams, D.O.</p>	23b. ADDRESS <p style="text-align: center;">Dixon, Mo.</p>	23c. DATE SIGNED <p style="text-align: center;">Feb 2 1952</p>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Burial</p>	24b. DATE <p style="text-align: center;">2/3/1952</p>	24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Pisgah Cemetery</p>	24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Pulaski County, Missouri</p>
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DATE REC'D BY LOCAL REG. <p style="text-align: center;">2-4-52</p>	REGISTRAR'S SIGNATURE <p style="text-align: center;">E. J. [Signature]</p>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <p style="text-align: center;">Fred H. Gilbert, Dixon, Missouri</p>
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RECEIVED 2-4-52
Pulaski County Health Officer
File Number
Date Filed 2-9-52

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.....
Student Embalmer

Signed *Maurice E. Schierbaum*

Licensed Embalmer No. *4505*

P. O. Address Dixon, Missouri

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.