No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31095

FILED DEC 12 1952

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 231

1. PLACE OF DEATH
a. COUNTY: COLE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON CITY, MO.,
c. LENGTH OF STAY (In this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CHARLES STILL OSTEOPATHIC HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: COLE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON CITY,
d. STREET ADDRESS (If rural, give location): 905 MOREAUVDRIVE

3. NAME OF DECEASED (Type or Print)
a. (First): OTTO
b. (Middle): THOMAS
c. (Last): HOLTSCHNEIDER

4. DATE OF DEATH (Month) SEPT. (Day) 9, (Year) 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDDOWED
8. DATE OF BIRTH: SEPT. 9, 1880
9. AGE (In years last birthday): 72 — If under 1 year: Months 0, Days 0 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: CONTRACTOR
11. BIRTHPLACE (City and State or Foreign Country): DECATUR, MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: EDWARD HOLTSCHNEIDER
13b. MOTHER'S MAIDEN NAME: SARA WALTHER
14. NAME OF HUSBAND OR WIFE: HELEN SUE HOLTSCHNEIDER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 490-09-7367
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Ed. H. Holtschneider Jefferson City, 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) Respiratory failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Pulmonary embolism

DUE TO (c) Transurethral Prostatic Resection

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4/4/52
19b. MAJOR FINDINGS OF OPERATION: Prostatic hypertrophy
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)
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* Sept. 3, *19* 52, *to* Sept. 9, *19* 52, *that I last saw the deceased alive on* Sept. 9, *19* 52, *and that death occurred at* 4 a. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. A. Michael D.O.
23b. ADDRESS: JEFFERSON CITY, MO.,
23c. DATE SIGNED: 12/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIEL
24b. DATE: SEPT. 13, 1952
24c. NAME OF CEMETERY OR CREMATORY: ST. PETERS
24d. LOCATION (City, town, or county) (State): JEFFERSON CITY, MO.,

DATE REC'D BY LOCAL REG.: DEC. 10, 1952
REGISTRAR'S SIGNATURE: R. O. Norris MD 68 MR
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Sylvester Dulle JEFFERSON CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

AUG 15 1959

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 _____

Licensed Embalmer No. Sylvester Dul

P. O. Address 4321 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 this body is not embalmed, fact should be so stated above.

State of MISSOURI
County of COLE } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 31095
Local Registrar's No.

On this 31 day of OCTOBER, 1952, before me appears ED H. HOLTSCHNEIDER, who, upon HIS oath, states that the original record of death for OTTO H. HOLTSCHNEIDER died SEPT. 9, 1952, 19, in the State of Missouri, and which was filed at JEFFERSON CITY, MO on SEPT. 9, 1952 should be corrected as follows:

Item No. 2 should read 905 MOREAU DR. JEFFERSON CITY, MO.
Instead of PHOENIX ARIZ.

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Ed. H. Holtschneider Brother
Relationship.
905 Moreau Drive
Jefferson City, Mo.
Present Address.

Subscribed and sworn to before me this 31 day of October, 1952

My Commission expires Feb 6-1954 Rosie T. Jones Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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7817

Sup - 31095

DEC 12 1952