

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34248**

FILED OCT 27 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1122

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

1. PLACE OF DEATH a. COUNTY BUCHANAN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY BUCHANAN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST-JOSEPH		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST-JOSEPH	
c. LENGTH OF STAY (In this place) 45 YRS		d. STREET ADDRESS (If rural, give location) 411-W-FRANKLIN-STR.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 411-W-FRANKLIN			

3. NAME OF DECEASED (Type or Print) JAMES - B - HOLTSCLAW	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) OCT-20-1952
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5. SEX MALE	6. COLOR OR RACE WHT	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH 3-1-1888	9. AGE (In years last birthday) 64	10. MONTHS 0	11. DAYS 0	12. HOURS 0	13. MIN. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK-WYETH-CO.	10b. KIND OF BUSINESS OR INDUSTRY HDW-&FURNITURE	11. BIRTHPLACE (State or foreign country) NO DAWAY-CO-MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JOHN-M-HOLTSCLAW	13b. MOTHER'S MAIDEN NAME NANCY-WITHROW	14. NAME OF HUSBAND OR WIFE
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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) NO	16. SOCIAL SECURITY NO. 500-14-7697	17. INFORMANT'S SIGNATURE OR NAME Leslie Holtsclaw	ADDRESS St. Joseph, Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion		1 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Man apparently died suddenly.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. While alone in his home			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Without a history of recent serious illness or disability	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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? 4201

22. I hereby certify that I attended the deceased from on 10/20, 1952, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H F Mandy M D (Parson)	23b. ADDRESS St Joseph Mo	23c. DATE SIGNED 10/20/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Oct. 22 1952	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph Missouri
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DATE REC'D BY LOCAL REG. Oct 25, 1952	REGISTRAR'S SIGNATURE Carl C. Curtis	446	25. FUNERAL DIRECTOR'S SIGNATURE Stamley Funeral Home	ADDRESS St Joseph Mo
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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.....

Charles E. Bennett

Signed.....
Student Embalmer

Licensed Embalmer No. *4677*

P. O. Address *St. Joseph 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.