

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17005

State File No. _____

FILED MAY 28 1953

BIRTH NO. _____ REG. DIST. NO. 20 PRIMARY REG. DIST. NO. 4031 Registrar's No. 80

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| 1. PLACE OF DEATH a. COUNTY <u>Bates</u> <u>0070</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u> <u>0070</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Adrian</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Adrian</u> <u>0</u> | |
| c. LENGTH OF STAY (in this place) <u>5 years</u> | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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|-------------------------------------|------------------------|------------------------------|---------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Carl</u> | b. (Middle) <u>Frederick</u> | c. (Last) <u>Holtmans</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 15, 1953</u> |
|-------------------------------------|------------------------|------------------------------|---------------------------|--|

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|--------------------|-------------------------------|---|---------------------------------------|---|--|--|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Apr. 19, 1875</u> | 9. AGE (In years last birthday) <u>78</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>26</u> | IF UNDER 2 HRS. Hours <u></u> Min. <u></u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Perryville Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Henry Holtmans</u> | 13b. MOTHER'S MAIDEN NAME <u>Justine DeClereg</u> | 14. NAME OF HUSBAND OR WIFE <u>Nancy Holtmans</u> |
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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) <u>No</u> | 16. SOCIAL SECURITY NO. <u>486-09-5581</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nancy Holtmans, Adrian Mo.</u> | ADDRESS |
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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 <u>short</u> <u>years</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u> DUE TO (c) <u>Myocardial insufficiency</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>410X</u> | 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) |
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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 Nov 15, 1951 to May 12, 1953, that I last saw the deceased alive on May 12, 1953 and that death occurred at 5:45 Pm., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>E. E. Robinson</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Adrian Mo.</u> | 23c. DATE SIGNED <u>5-18-53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>5-18-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Crescent Hill Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>Adrian Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>5-18-53</u> | REGISTRAR'S SIGNATURE <u>Myra Owens</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Sup. Funeral Service, Adrian Mo.</u> | ADDRESS |
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(Licensed Embalmer's Statement on Reverse Side)

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

100-100
1964

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..... *Adrian Mo*

Signed.....
Student Embalmer

Licensed Embalmer No. *3650*

P. O. Address *Adrian 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.