

FILED MAY 27 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18076

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2480

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>                         |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |   |
| b. CITY OR TOWN <u>Kansas City</u>                                    | c. LENGTH OF STAY (in this place township) <u>26 yrs</u> | c. CITY OR TOWN <u>Kansas City</u>  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u> |  | e. STREET ADDRESS (If rural, give location) <u>3011 E. 20</u>   |   |

|                                     |                         |                         |                            |                                       |                              |
|-------------------------------------|-------------------------|-------------------------|----------------------------|---------------------------------------|------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Oscar</u> | b. (Middle) <u>Bert</u> | c. (Last) <u>Holtzclaw</u> | 4. DATE OF DEATH (Month) (Day) (Year) | <u>5</u> <u>12</u> <u>53</u> |
|-------------------------------------|-------------------------|-------------------------|----------------------------|---------------------------------------|------------------------------|

|                    |                               |   |                                      |   |   |   |
|--------------------|-------------------------------|---|--------------------------------------|---|---|---|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>Oct. 19 1903</u> | 9. AGE (In years last birthday) <u>49</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
|--------------------|-------------------------------|---|--------------------------------------|---|---|---|

|  |   |  |   |
|--|---|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Invalid</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Clay County Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|--|---|--|---|

|   |  |   |
|---|--|---|
| 13a. FATHER'S NAME <u>John W. Holtzclaw</u> | 13b. MOTHER'S MAIDEN NAME <u>Birdie Wiesel</u> | 14. NAME OF HUSBAND OR WIFE <u>none</u> |
|---|--|---|

|  |                                     |  |                                    |
|--|-------------------------------------|--|------------------------------------|
| 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>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Willard Holtzclaw</u> | ADDRESS <u>Booneville Missouri</u> |
|--|-------------------------------------|--|------------------------------------|

|   |  |   |  |
|---|--|---|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Undetermined pending further investigation</u>                     |   | INTERVAL BETWEEN ONSET AND DEATH<br><br><u>6.08X</u> |
|   | ANTECEDENT CAUSES<br><u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> |   |  |
|   | DUE TO (b) <u>old urethral stricture</u>   |   |  |
| DUE TO (c) _____  |  | II. OTHER SIGNIFICANT CONDITIONS<br><u>inhibitory T.B. mongoloidism &amp; mental deficiency</u> |  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Minute) | 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 Jan. 20, 1953, to May 12, 1953, that I last saw the deceased alive on May 12, 1953, and that death occurred at 11:55Pm., from the causes and on the date stated above.

|                                  |                               |                                       |                                 |
|----------------------------------|-------------------------------|---------------------------------------|---------------------------------|
| 23a. SIGNATURE <u>B.I. Burns</u> | (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>24th &amp; Cherry</u> | 23c. DATE SIGNED <u>5-13-53</u> |
|----------------------------------|-------------------------------|---------------------------------------|---------------------------------|

|   |                               |   |  |
|---|-------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>May 11, 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u> | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u> |
|---|-------------------------------|---|--|

|   |  |  |  |
|---|--|--|--|
| DATE REC'D BY LOCAL REG. <u>5-14-53</u> | REGISTRAR'S SIGNATURE <u>Walding Smith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs G.L. Forster</u> | ADDRESS <u>918 Brooklyn Kas. City, Mo.</u> |
|---|--|--|--|

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

*B. Ching*

**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.....  
Signature of Student Embalmer

Signed *Raymond F. Holman*.....  
Licensed Embalmer No. *4266*

P. O. Address *N. C. Me*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.