

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

20673

State File No. _____

FILED JUL 14 1953
BIRTH NO. _____ REG. DIST. NO. 31 PRIMARY REG. DIST. NO. 5108 Registrar's No. 22

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY Benton	b. CITY (If outside corporate limits, write RURAL and give town) Williams Township	a. STATE Missouri	b. COUNTY Benton
c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) Williams Township 0080	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6 1/2 Miles North East Cole Camp		d. STREET ADDRESS (If rural, give location) 6 1/2 Miles North East Cole Camp 0	

3. NAME OF DECEASED		4. DATE OF DEATH	
a. (First) August	b. (Middle) Ernest	c. (Last) Holtzen	(Month) (Day) (Year) July 8th 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 24th 1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	9. AGE (In years last birthday) 73
11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME David Holtzen	13b. MOTHER'S MAIDEN NAME Katherine Oelrichs	14. NAME OF HUSBAND OR WIFE Emma Holtzen
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Erwin Holtzen	ADDRESS Mora 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 Indefinite
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease 10 yrs</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200	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?

22. I hereby certify that I attended the deceased from July, 1950, to July, 1953, that I last saw the deceased alive on July 8, 1953, and that death occurred at 11:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE Ruth Kaufman, M.D.	23b. ADDRESS Versailles, Mo.	23c. DATE SIGNED July 10, 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 11, 1953	24c. NAME OF CEMETERY OR CREMATORY Holy Cross	24d. LOCATION (City, town, or county) (State) Benton County Missouri
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DATE REC'D BY LOCAL July 10, 1953	REGISTRAR'S SIGNATURE E L Eickhoff 394	25. FUNERAL DIRECTOR'S SIGNATURE E L Eickhoff	ADDRESS Cole Camp Mo
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(Licensee's Statement on Reverse Side)

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

0.300
0.48

2080

JUN 3 1954

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. _____

730

P. O. Address _____ Cole Camp 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.