

No. 300
10-48

700

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25719

State File No.

FILED JUL 22 1953

BIRTH NO. REG. DIST. NO. 230 PRIMARY REG. DIST. NO. 4945 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montg.</u>	
b. CITY OR TOWN <u>Rhineland</u> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <u>Rhineland</u> (If outside corporate limits, write RURAL and give township)	
c. LENGTH OF STAY (in this place) <u>41 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>0700</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) <u>OLLIE</u>	a. (First)	b. (Middle)	c. (Last) <u>HOLTWICK</u>	4. DATE OF DEATH <u>7-16-1953</u>	(Month)	(Day)	(Year)
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>11-11-1881</u>	9. AGE (In years last birthday) <u>71</u>	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 HR. Hours	13. UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Keeping House</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Rhineland, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry Scholten</u>	13b. MOTHER'S MAIDEN NAME <u>Constance Grotewiel</u>	14. NAME OF HUSBAND OR WIFE <u>J. H. Holtwick</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J.H. Holtwick</u>	18. ADDRESS <u>Rhineland Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	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 7-6, 1953, to 7-16, 1953, that I last saw the deceased alive on 7-12, 1953, and that death occurred at 7 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George M. Workman M.D.</u>	23b. ADDRESS <u>Hermon, Mo.</u>	23c. DATE SIGNED <u>7/17/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-19-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Marcus Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Rhineland, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-19-53</u>	REGISTRAR'S SIGNATURE <u>Mrs. Eunice Bush</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kottmeyer & Co.</u>	ADDRESS <u>Rhineland, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 D B Baker

Licensed Embalmer No. 3375

P. O. Address Amidon 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.