No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31465

FILED OCT 5 1953

BIRTH NO. _____ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 5438 Registrar's No. 24

370

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

1. PLACE OF DEATH
a. COUNTY: Gasconade
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Brush Creek
c. LENGTH OF STAY (in this place): 59 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Owensville, Mo. Route 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Gasconade
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Brush Creek Twp. 0370
d. STREET ADDRESS (If rural, give location): Owensville, Mo. Route 2

3. NAME OF DECEASED (Type or Print)
a. (First): Caroline
b. (Middle): Dorothea
c. (Last): Hollander

4. DATE OF DEATH (Month) (Day) (Year): Sept. 26, 1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 30, 1872
9. AGE (In years last birthday): 81 — 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): housework
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (City and State or Foreign Country): Koenig, Mo.
12. CITIZEN OF WHAT COUNTRY?: USAA

13a. FATHER'S NAME: John Jacob Weller
13b. MOTHER'S MAIDEN NAME: Mary M. Schuchmacher
14. NAME OF HUSBAND OR WIFE: Otto F. Hollander

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): **
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Wm. F. Hollander — ADDRESS: Rosebud, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterial Sclerosis
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: 4201
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-10, 1953, *to* 9-26, 1953, *that I last saw the deceased alive on* 9-26, 1953 *and that death occurred at* 5:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Elisa A. Schum H. Mo. D.
23b. ADDRESS: Gerald Mo
23c. DATE SIGNED: 9-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 9-29-1953
24c. NAME OF CEMETERY OR CREMATORY: City Cemetery
24d. LOCATION (City, town, or county) (State): Owensville, Mo.

DATE REC'D BY LOCAL REG.: 9-29-1953
REGISTRAR'S SIGNATURE: Mrs. Marvin Tappmeyer 4030
25. FUNERAL DIRECTOR'S SIGNATURE: Milford H. H. Winter — ADDRESS: OWENSVILLE

(Licensed Embalmer's Statement on Reverse Side)

FEB 21 1955

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 Me

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Milford H. White

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

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.