No. 300
10-48

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

FILED NOV 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39948

State File No.

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 137

1. PLACE OF DEATH
a. COUNTY: PIKE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LOUISIANA
c. LENGTH OF STAY (in this place): 4 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): PIKE COUNTY MEM. HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If 'institution: 'residence before admission)
a. STATE: MISSOURI
b. COUNTY: PIKE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CLARKSVILLE
d. STREET ADDRESS (If rural, give location): 0820 0

3. NAME OF DECEASED (Type or Print): a. (First) DELLA b. (Middle) BROTT c. (Last) HOLTSFORD

4. DATE OF DEATH (Month) (Day) (Year): NOV. 8, 1953

5. SEX: Female

6. COLOR OR RACE: WHITE

7. ~~MARRIED~~, NEVER MARRIED, WIDOWED, ~~DIVORCED (Specify)~~: WIDOWED

8. DATE OF BIRTH: JAN. 14, 1896

9. AGE (In years last birthday): 77 | 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 (State or foreign country): WISCONSIN

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: FRANCIS ~~UNKNOWN~~ BROTT

13b. MOTHER'S MAIDEN NAME: UNKNOWN

14. NAME OF HUSBAND OR WIFE: JOSEPH L. HOLTSFORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: ASA BROTT HOLTSFORD - CLARKSVILLE MO.

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Metastatic carcinoma of lung from breast

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

170 X

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* 11-4-, 19 52, *to* 11-8-53, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 1140 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: Louisiana Mo.

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

24b. DATE: NOV. 9, 1953

24c. NAME OF CEMETERY OR CREMATORY: FLORENCE CEMETERY

24d. LOCATION (City, town, or county) (State): FLORENCE, ALABAMA

DATE REC'D BY LOCAL REG.: Nov 9, 1953

REGISTRAR'S SIGNATURE: Bernice Collier 374 0

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: [signature] - ELSBERRY, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Garland Leick

Licensed Embalmer No. 4012

P. O. Address Elsberry, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.