

No. 300  
0.48

FILED FEB 14 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1892

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 77

1. PLACE OF DEATH  
a. COUNTY Nodaway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri  
b. COUNTY Nodaway

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville

c. CITY OR TOWN Maryville

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Francis Hospital

f. STREET ADDRESS (If rural, give location) 402 South Fillmore 07420

3. NAME OF DECEASED (Type or Print)  
a. (First) BERNARD  
b. (Middle) BENEDICT  
c. (Last) HOLTMAN

4. DATE OF DEATH (Month) (Day) (Year)  
2 8 55

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 11/21/61

9. AGE (In years last birthday) 93  
IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_  
IF UNDER 4 HRS. Hours \_\_\_\_\_ Mins. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-retired

10b. KIND OF BUSINESS OR INDUSTRY Own account

11. BIRTHPLACE (City and State or Foreign Country) Germantown, Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Joseph Holtman

13b. MOTHER'S MAIDEN NAME unknown

14. NAME OF HUSBAND OR WIFE Anna Marie Holtman, dec.

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 ADDRESS Frank Holtman, Conception Jct., 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) Fracture Rt hip with  
ANTECEDENT CAUSES DUE TO (b) Bacterial pneumonia  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
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  
2 weeks  
2 days

19a. DATE OF OPERATION 1-29-55

19b. MAJOR FINDINGS OF OPERATION Fract rt hip E9040 21

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.) Home

21c. (CITY, TOWN, OR TOWNSHIP) 074 (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1 25 55 4A

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? Fell in bedroom

22. I hereby certify that I attended the deceased from 1-25, 1955, to Feb. 8, 1955, that I last saw the deceased alive on 2-8, 1955 and that death occurred at 5:10A m., from the causes and on the date stated above.

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

23b. ADDRESS Maryville, Missouri

23c. DATE SIGNED 2/9/55

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

24b. DATE 2/10/55

24c. NAME OF CEMETERY OR CREMATORY St. Columba

24d. LOCATION (City, town, or county) (State) Conception, Missouri

DATE REC'D BY LOCAL REG. 2-12-55

REGISTRAR'S SIGNATURE [Signature] 229

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.

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.....  
Signature of Student Embalmer

Signed..... *John W. Price*  
Licensed Embalmer No. *42*  
P. O. Address *Maryville*

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.