

FILED APR 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **7654**

BIRTH NO. _____		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 5304		Registrar's No. 112		
1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Osage Township		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Osage Township				
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 miles E. of Osage Bluff, Mo.				d. STREET ADDRESS (If rural, give location) 3 miles E. Of Osage Bluff, Mo.				
3. NAME OF DECEASED (Type or Print) Henry Hollander			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) April 4, 1955		
5. SEX Male		8. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 23, 1875		
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months 4 Days 11		IF UNDER 24 HRS. Hours 11 Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Blacksmith			10b. KIND OF BUSINESS OR INDUSTRY Own		11. BIRTHPLACE (City and State or Foreign Country) Osage Bend Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph Hollander			13b. MOTHER'S MAIDEN NAME Mary Schnieders			14. NAME OF HUSBAND OR WIFE Maggie Hollander		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME Mrs Maggie Hollander			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac vascular accident INTERVAL BETWEEN ONSET AND DEATH 5 min ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. - DUE TO (b) Arteriosclerotic heart disease 3 yr DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Semility					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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 12, 1954 , to Apr 4, 1955 , that I last saw the deceased alive on Jan 30, 1955 , and that death occurred at 12:15 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE William A. Cox, M.D. (Degree or title)				23b. ADDRESS 125 E High St Jefferson City		23c. DATE SIGNED Apr 4 '55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 6, 1955		24c. NAME OF CEMETERY OR CREMATORY Osage Bend Cemetery		24d. LOCATION (City, town, or county) (State) Osage Bend, Mo.		
DATE REC'D BY LOCAL REG. April 6-1955		REGISTRAR'S SIGNATURE R. P. Norris, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Victor Busch, Jefferson City		ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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

1677
25
9561 4 2 02197

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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City

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.