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FILED MAR 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7830

State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 262-B

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>PENNSYLVANIA</u> b. COUNTY <u>ALLEGHENY</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>SPRINGFIELD</u>		c. CITY OR TOWN <u>OAKMOUNT</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>6 HRS.</u>		e. STREET ADDRESS (If rural, give location) <u>425 8th STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>BURGE HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>QUENTIN</u> b. (Middle) <u>GERARD</u> c. (Last) <u>HOLTZ</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 21 1955</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 12 1928</u>	9. AGE (In years last birthday) <u>26</u>	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) <u>PROJECT ENGINEER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PETROLEUM RESEARCH</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>SPANGLER, PA.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>PAUL OTTO HOLTZ</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH CRONAUER</u>		14. NAME OF HUSBAND OR WIFE <u>LOREITA M. HOLTZ</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO. (If yes, give year or date of service) <u>7/19/46-7/23/48</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J. H. FERRICK</u> ADDRESS <u>P.O. DRAWER 2038 PITTSBURG, PA.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Central hemorrhage, traumatic sustained in airplane crash.</u>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Central hemorrhage, traumatic sustained in airplane crash.</u>		ANTECEDENT CAUSES		DUE TO (b) <u>severe blows to head</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		DUE TO (c)	
2. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>fracture of left arm, multiple lacerations of face</u>		E 86 G X 39	

19a. DATE OF OPERATION <u>3/21/55</u>	19b. MAJOR FINDINGS OF OPERATION <u>diffuse cerebral edema and hemorrhage</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>near Springfield</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Springfield Rural Center Twp. 135 Miller Missouri</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>3 20 55 10:45 Pm.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Plane Crash</u>		

22. I hereby certify that I attended the deceased from 3-21-, 1955, to 3-21-, 1955, that I last saw the deceased alive on 3-21-, 1955, and that death occurred at 4:45 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert W. Maden, M.D.</u>	23b. ADDRESS <u>Prof. Bldg., Springfield, Mo.</u>	23c. DATE SIGNED <u>3-22-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>3/22/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. MARY'S & MT. TROY</u>	24d. LOCATION (City, town, or county) (State) <u>PITTSBURG PENNSYLVANIA</u>
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DATE REC'D BY LOCAL REG. <u>3-30-55</u>	REGISTRAR'S SIGNATURE <u>W. H. Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Williams</u> ADDRESS <u>SPRINGFIELD, MO.</u>
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(Licensed Embalmer's Statement - Reverse Side)

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

APR 4 1958

APR -1 1958

JUL 8 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Gene C. Hunted*.....

Licensed Embalmer No. *473*

P. O. Address *Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.