

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41092

FILED DEC 27 1956

STATE FILE NUMBER

Registration District No. 118 Primary Registration District No. 5440 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>				
b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN <u>Rural (Day Township)</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>R.F.D. Bland 370</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>family home</u>			Length of stay in 1b <u>5 yrs</u>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Helen Elizabeth</u> Middle <u>Holzschuh</u> Last <u>Holzschuh</u>				4. DATE OF DEATH Month <u>Dec</u> - Day <u>15</u> - Year <u>1956</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH <u>Oct 31 - 1874</u>		
9. AGE (In years last birthday) <u>83</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (City and state or country) <u>Missouri</u>		
10c. TIME OF INJURY Hour <u>12:50</u> a. m. <u>P.</u> m.		10d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Bland</u> COUNTY <u>MO.</u> STATE <u>MO.</u>		
13. FATHER'S NAME <u>Silas Cawley</u>		14. MOTHER'S MAIDEN NAME <u>Amanda Nelson</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>none</u>		
17. INFORMANT <u>Albert Holzschuh - Bland - Mo.</u>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gallbladder Infection</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). <u>585X</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
21. I attended the deceased from <u>29 Nov</u> to <u>15 Dec.</u> and last saw her alive on <u>14 Dec.</u> Death occurred at <u>12:50 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>C. A. Bunge, M.D.</u> (Degree or title)		22b. ADDRESS <u>Bland, Mo.</u>		22c. DATE SIGNED <u>12-17-1956</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>12-17-1956</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Bland - Mo</u>		
24. REGISTRAR'S SIGNATURE <u>Charles Vasena - Bland</u>		25. DATE RECD. BY LOCAL REG. <u>December 20, 1956</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Marian Jappeneau</u>				

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Chester Sasseman*.....

Licensed Embalmer No...*411*.....

P. O. Address...*Blair*.....

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