

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017525
State File No.

FILED JUN 2 1958

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3057 Registrar's No. 330

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Ballinger</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jackson</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Rural</u> ⁰⁰⁹⁰
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1001 Cape Road</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>Lutesville Rt. 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>GEORGE</u> c. (Last) <u>HOLZUM</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 21 1958</u>
5. SEX <u>M.</u> 0	6. COLOR OR RACE <u>W.</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>APRIL 9, 1885</u>
9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>
11. BIRTHPLACE (City and State or Foreign Country) <u>Lutesville, Mo. Rt. 1</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>THEODORE HOLZUM</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH ELFRINK HANNAH HOLZUM</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Ben Braschius</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ben Braschius</u> ADDRESS _____

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		<u>1 hour</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis</u> DUE TO (c) _____		<u>5 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	<u>331X</u>	20. AUTOPSY? <u>2</u> 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) (Min.)	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 May 17, 1958 to May 21, 1958, that I last saw the deceased alive on May 21, 1958, and that death occurred at 5:42 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. N. Jaeger MD</u>	23b. ADDRESS <u>Jackson, Mo</u>	23c. DATE SIGNED <u>May 24, 1958</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-24-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOHNS CEM.</u>
24d. LOCATION (City, town, or county) (State) <u>LEOPOLD MO</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Baker Funeral Home</u> ADDRESS <u>Lutesville</u>	
DATE REC'D BY LOCAL REG. <u>May 26, 1958</u>	REGISTRAR'S SIGNATURE <u>Mrs. Homer E. Cooper</u>	

3
 Dr. Joe Jaeger - Jackson
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
 552

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 *A. J. Baker*.....

Licensed Embalmer No. *3573*

P. O. Address *Lutesville*

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.