

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019186

STATE FILE NUMBER

FILED JUN 4 1958 Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 58

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Perry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Perryville, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Perryville, Mo. RT. 2
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Perry Cc. Memorial		Length of stay in 1b 1 day	d. STREET ADDRESS (If outside, give location) Union Township
3. NAME OF DECEASED (Type or print) First Middle Last Christiana Mathilda Holschen			4. DATE OF DEATH Month Day Year 5 - 20 - 1958
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-17-1878
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months Dgys	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Perry County Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. MOTHER'S MAIDEN NAME Anna Grother	
13a. FATHER'S NAME Konrad Seibel		14. NAME OF HUSBAND OR WIFE H. Julius Holschen	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Edw. Leimbach Perryville, Mo. R#2
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage - left			INTERVAL BETWEEN ONSET AND DEATH 48hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension + cerebral arteriosclerosis - years			
DUE TO (c) 331X			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)	
20c. TIME OF INJURY Hour Month, Day, Year o.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 5-20-58 to 5-20-58 and last saw her alive on 5-20-58		Death occurred at 945 P on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) J. L. Fairclaid, MD		22b. ADDRESS Perryville, Mo.	22c. DATE SIGNED 5-21-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 24, 1958	23c. NAME OF CEMETERY OR CREMATORY Immanuel Lutheran	23d. LOCATION (City, town, or county) (State) Altenburg, Mo.
24. FUNERAL DIRECTOR Young & Sons Perryville, Mo.		25. DATE RECD. BY LOCAL REG. 5-22-58	26. REGISTRAR'S SIGNATURE J. J. Joel

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

JUN 4 1958

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 *Wallace Young*

Licensed Embalmer No. *4027*

P. O. Address *Perisville*

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).
• O. I. 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.