

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021323

STATE FILE NUMBER

DECEASED JUL 8 1958 Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 189

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Callaway</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jefferson City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Portland</b> <span style="float: right;">0140</span> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Mary's Hosp.</b>		Length of stay in lb <b>7 wks</b>	d. STREET ADDRESS _____ (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Emma</b> Middle <b>Barbara</b> Last <b>Holzhauser</b>			4. DATE OF DEATH Month <b>June</b> Day <b>28</b> Year <b>1958</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 27, 1886</b>	9. AGE (In years birthday) <b>72</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	11. BIRTHPLACE (City and state or country) <b>Morrison Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Gustoph Leisinger</b>	13b. MOTHER'S MAIDEN NAME <b>Josephine Miller</b>	14. NAME OF HUSBAND OR WIFE <b>Herman Holzhauser</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT <b>Herman Holzhauser</b>	Address <b>Portland Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>central thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7 wks</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>central arteriosclerosis</b>	<b>??</b>
	DUE TO (c) <b>Diabetes mellitus</b>	<b>??</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>260X</b>		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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20e. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
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20f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT AT WORK <input type="checkbox"/>	20g. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20h. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
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21. I attended the deceased from **5/9/58** to **6/28/58** and last saw her alive on **6/27/58**.  
Death occurred at **7 A** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>H. Holzhauser MD</b> (Degree or title)	22b. ADDRESS <b>Portland City Mo</b>	22c. DATE SIGNED <b>6/30/58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>7/1/58</b>	23c. NAME OF CEMETERY OR CREATOR <b>Portland</b>	23d. LOCATION (City, town, or county) (State) <b>Portland Missouri.</b>
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24. FUNERAL DIRECTOR <b>Maupin Funeral Home</b>	ADDRESS <b>Fulton Mo</b>	25. DATE RECD. BY LOCAL REG. <b>30 June 1958</b>	26. REGISTRAR'S SIGNATURE <b>R. P. Dorris, MA-NP</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *J. J. Rosson* .....  
Licensed Embalmer No. *2535* .....  
P. O. Address *Fullerton* .....

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.