

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037040

FILED VS NOV 9 1959

STATE FILE NUMBER

Registration District No. 257 Primary Registration District No. 3884 Registrar's No. 72

MEMBERED

1. PLACE OF DEATH a. COUNTY OSAGE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY OSAGE					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RICHFOUNTAIN		Length of stay in 1b LIFE		c. CITY OR TOWN RICHFOUNTAIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION AT HOME			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) AT HOME			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last GEORGE CHARLES HOLTSCHNEIDER				4. DATE OF DEATH Month Day Year NOV 6 1959					
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/27/1871	9. AGE (last birthday) 88	IF UNDER 1 YEAR Months 8 Days 11	IF UNDER 24 HR Hours 11 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) merchant		10b. KIND OF BUSINESS OR INDUSTRY Merchantile business		11. BIRTHPLACE (City and state or country) WESTPHALIA MO		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Charles Holtschneider		13b. MOTHER'S MAIDEN NAME Marie Bartman		14. NAME OF HUSBAND OR WIFE Anna Marie Fick					
15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs George Holtschneider, Richfountain					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Arteriosclerotic Cardio Vascular Disease						INTERVAL BETWEEN ONSET AND DEATH			
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) Paget's Disease Bone						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 a.m. p.m.		Month, Day, Year							
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 Jan. 1958 to Nov 6, 1959 and last saw her/him alive on Nov 4, 1959 . Death occurred at 10:45 a m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) L. B. Hebb				22b. ADDRESS Jefferson City, Mo.		22c. DATE SIGNED 11-6-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 11/9/59		23c. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery		23d. LOCATION (City, town, or county) (State) Richfountain Mo			
24. FUNERAL DIRECTOR Clyde Morton		ADDRESS Linn Mo		25. DATE RECD. BY LOCAL REG. 11-6-59		26. REGISTRAR'S SIGNATURE Mrs. Clyde Morton			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

YS DEC 13 1959

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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Linn 71

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.