

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-014743

FILED VS APR 25 1960

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 88

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington</u>	Length of stay in 1b <u>74 yrs.</u>	c. CITY OR TOWN <u>Washington</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>405 Stafford St.</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Blanche</u> Middle <u>R.</u> Last <u>Holthaus</u>			4. DATE OF DEATH Month <u>April</u> Day <u>30</u> Year <u>1960</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7/8/1885</u>	9. AGE (last birthday) <u>74</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and state or country) <u>Washington, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>

13a. FATHER'S NAME <u>Fred Schmies</u>	13b. MOTHER'S MAIDEN NAME <u>Katherine Guenwald</u>	14. NAME OF HUSBAND OR WIFE <u>Charles C. Holthaus</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>493-09-53870</u>	17. INFORMANT <u>Charles C. Holthaus, Washington, Mo.</u> Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 hrs.</u>
IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arterio-sclerotic C-V-R disease</u>	
DUE TO (c) <u>Old age</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes mellitus</u>		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 <u>4:45</u> a.m. <u>P.</u> Month, Day, Year <u>26 Oct 48</u>	20d. 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>Washington, Mo.</u>		COUNTY <u>Franklin</u> STATE <u>Mo.</u>

21. I attended the deceased from 26 Oct 48 to 20 Apr 60 and last saw her alive on 20 Apr 60
Death occurred at 4:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>R. B. Boggs, MD.</u> (Degree or title)	22b. ADDRESS <u>Washington, Mo.</u>	22c. DATE SIGNED <u>22 Apr 60</u>
--	-------------------------------------	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL, (Specify) <u>Burial</u>	23b. DATE <u>April 23, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Washington, Missouri</u>
24. FUNERAL DIRECTOR'S NAME AND ADDRESS <u>Fredburg Ltd, Inc., Washington, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4/22/60</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

[Faint, illegible handwritten text, likely bleed-through from the reverse side of the certificate.]

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Lester A. Witt*

Licensed Embalmer No. *3254*
P. O. Address *Washington*

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.