

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-024210

FILED VS JUN 22 1960 3.8

Registration District No. 3.8 Primary Registration District No. 6049 Registrar's No. 2

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Femme Osage		Length of stay in 1b Life.		c. CITY OR TOWN Femme Osage		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Conrad Middle Henry Last Holt				4. DATE OF DEATH Month June Day 12 Year 1960				
5. SEX Male.	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2/4/1908	9. AGE (last birthday) 52	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer.		10b. KIND OF BUSINESS OR INDUSTRY Lime Quarry		11. BIRTHPLACE (City and state or country) Femme Osage, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Louis C. Holt			13b. MOTHER'S MAIDEN NAME Dorthis W. Heumann			14. NAME OF HUSBAND OR WIFE None.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes (World War II)		16. SOCIAL SECURITY NO. 487-18-0710		17. INFORMANT Hyman L. Holt Address 1128 Linden Richmond Heights, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) From the general appearance of the place of death DUE TO (b) and the testimony of friends and neighbors, clam DUE TO (c) convinced the said Conrad H. Holt died a natural death. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 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							INTERVAL BETWEEN ONSET AND DEATH	
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. 6-12-60		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		COUNTY		STATE		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Maris Murchey, Coroner				22b. ADDRESS Wentzville Mo		22c. DATE SIGNED 6-14-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-14-60	23c. NAME OF CEMETERY OR CREMATORY Femme Osage Evangelical		23d. LOCATION (City, town, or county) Femme Osage		23e. (State) Mo.		
24. FUNERAL DIRECTOR T. J. Pitman			ADDRESS Wentzville, Mo.		25. DATE RECD. BY LOCAL REG. June 14, 1960	26. REGISTRAR'S SIGNATURE Mrs. Thola Fluessner		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 12 1960

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 Carlton J. Pitman

Licensed Embalmer No. 4974

P. O. Address Wentzville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.