

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008255

D VS MAR 13 1961

STATE FILE NUMBER

Registration District No. 115-116 Primary Registration District No. 5434 Registrar's No. 61

AMENDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Franklin		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Johns Twp.		a. STATE Missouri b. COUNTY Franklin		c. CITY OR TOWN Washington, Mo.	
Length of stay in 1b none		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hi-way 47, Krakow		d. STREET ADDRESS (If outside, give location) 305 Williams St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First LARRY Middle NEIL Last HOLTGRIEVE				4. DATE OF DEATH Month March Day 4 Year 1961			
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 11/1/39	
9. AGE (last birthday) 22		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) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Home Construction		11. BIRTHPLACE (City and state and country) Washington, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Gilbert Holtgrieve		13b. MOTHER'S MAIDEN NAME Hattie Quick		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 USAR 57-59		16. SOCIAL SECURITY NO. USAR 57-59		17. INFORMANT Robert Holtgrieve, Washington, Mo.		Address 35 Williams St	
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 Instant	
IMMEDIATE CAUSE (a) Cerebral Anoxia							
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)						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 checked="" 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.) Subject passenger in auto			
20c. TIME OF INJURY 5:45 p.m.		Hour 3 Month 14 Day 14 Year 		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1/2 mile north Krakow			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. CITY, TOWN, OR LOCATION Krakow		COUNTY Franklin		STATE Mo	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE [Signature] (Degree or title)				22b. ADDRESS [Address]		22c. DATE SIGNED 3/6/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE March 7, 61		23c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery		23d. LOCATION (City, town, or county) (State) Washington, Missouri	
24. FUNERAL DIRECTOR Henry W. Otto, Washington, Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. 3/6/61		26. REGISTRAR'S SIGNATURE [Signature]	

DATE PREPARED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 14 1961

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 Henry W. Otto

Licensed Embalmer No. 3560

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.