

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-020603

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 30

Primary Registration District No. 5129

Registrar's No. 29

STATE FILE NUMBER

FILED JUN 19 1961

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Osage Beach</u>		c. CITY OR TOWN <u>Osage Beach</u>	
Length of stay in 1b <u>Years</u>		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Osage Beach</u>		d. STREET ADDRESS (If outside, give location) <u>High-Way 54</u>	
Reside on Farm Yes ☐ No ☒			
3. NAME OF DECEASED (Type or print) First <u>Hazle</u> Middle <u>Helene</u> Last <u>Bolte</u>		4. DATE OF DEATH Month <u>June</u> Day <u>14</u> Year <u>1961</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH <u>5-11-90</u>
9. AGE (last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>4</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At-Home</u>	
11. BIRTHPLACE (City and state or country) <u>Pella Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Herman Held</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Filcke</u>	
14. NAME OF HUSBAND OR WIFE <u>George Bolte</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>Mr Henry Held</u>	
17. INFORMANT <u>Newton Iowa</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage -</u> DUE TO (b) <u>Chn Hypertensive Heart Disease</u> DUE TO (c) <u></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u> <u>10 years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u></u>		PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u></u>	
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>			
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	20f. CITY, TOWN, OR LOCATION <u></u> COUNTY <u></u> STATE <u></u>	
21. I attended the deceased from <u>Aug-17 1961</u> to <u>June 14-61</u> and last saw her alive on <u>June 14, 61</u> Death occurred at <u>2 35 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Dr. A. Wayland</u> (Degree or title) <u>MD</u>		22b. ADDRESS <u>Camdenton, Mo</u>	
22c. DATE SIGNED <u>June 15 1961</u> (State)			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>June 17, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Newton Cemetery</u>	23d. LOCATION (City, town, or county) <u>Newton Iowa</u>
24. FUNERAL DIRECTOR <u>Robert H. Reed, Camdenton Mo</u>		25. DATE RECD. BY LOCAL REG. <u>June 15-1961</u>	
26. REGISTRAR'S SIGNATURE <u>Zilpha Inaw</u>			

(Licensed Embalmer's Statement on Reverse Side)

JUN 20 1961

JUL 7 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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Camden N.J.

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.