SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-036686
STATE FILE NUMBER

AMENDED

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 240

OCT 23 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: HENRY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: CLINTON
Length of stay in 1b: 7 HRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: WETZEL HOSPITAL
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO. b. COUNTY: BENTON
c. CITY OR TOWN: COLE CAMP
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 4 Miles NORTH
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: OTTO Middle: HERMAN Last: HOLSTEN

4. DATE OF DEATH: Month: OCT. Day: 11 Year: 1961

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: MAY 15, 1904
9. AGE (last birthday): 57
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): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (City and state or country): Cole CAMP, MO.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: William H. HOLSTEN
13b. MOTHER'S MAIDEN NAME: Sophie KROENKE
14. NAME OF HUSBAND OR WIFE: MABEL M. HOLSTEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: MABEL M. HOLSTEN Address: Cole CAMP, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): PULMONARY EDEMA — INTERVAL BETWEEN ONSET AND DEATH: HRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): VASCULAR Shock — MIN.
DUE TO (c): CORONARY Occlusion — HRS.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): NONE Known

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.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Aug. 1960, to Oct. 11, and last saw him alive on Oct 11, 61
Death occurred at 6:03 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Arturo Gonzalez DO
22b. ADDRESS: Cole Camp Mo
22c. DATE SIGNED: 10-12-61

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: OCT. 14, 1961
23c. NAME OF CEMETERY OR CREMATORY: Cole CAMP MEMORIAL
23d. LOCATION (City, town, or county) (State): Cole CAMP MO.

24. FUNERAL DIRECTOR: Charles F. Fox ADDRESS: Cole CAMP, MO.
25. DATE RECD. BY LOCAL REG.: Oct. 16, 1961
26. REGISTRAR'S SIGNATURE: Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

NOV 3 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 Charles F. Fox

Licensed Embalmer No. 4610

P. O. Address Camp Camp, I

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.