

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047535

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 172 Primary Registration District No. 4273 Registrar's No. 107

FILED DEC 27 1962

VS 300
Rev. 4/59

1 0540
2 0540
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4 0
5 1
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9 442X
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12 90-2
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CONCORDIA</u> | | Length of stay in 1b | c. CITY OR TOWN <u>CONCORDIA, MO</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL-OR- INSTITUTION <u>1009 GORDON ST</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>1009 GORDON ST</u> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>ERNEST HOLSTEN</u> | | 4. DATE OF DEATH Month Day Year <u>DEC 20 1962</u> | |
| 5. SEX <u>MALE</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>April 16, 1897</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>GEN FARMING</u> | 9. AGE (last birthday) <u>85</u> |
| 11. BIRTHPLACE (City and state or country) <u>LAFAYETTE County, Mo</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u> | |
| 13a. FATHER'S NAME <u>JACOB HOLSTEN</u> | | 13b. MOTHER'S MAIDEN NAME <u>MARY HYEDA</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>EMELIE HOLSTEN</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>NO</u> | | 17. INFORMANT Address <u>MRS EMELIE HOLSTEN CONCORDIA, MO</u> | |
| 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>Hyphostatic Pneumonia</u> DUE TO (b) <u>Arteriosclerosis of heart & brain</u> DUE TO (c) <u>Coronary Artery Sclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> |
| 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 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 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 Month, Day, Year s.m. p.m. | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 <u>2/6/54</u> to <u>12/20/62</u> and last saw her/him alive on <u>12/20/62</u> Death occurred at <u>7:15 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Frederick H. Spencer M.D.</u> | | 22b. ADDRESS <u>Concordia, Mo.</u> | |
| 22c. DATE SIGNED <u>12/21/62</u> | | 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | |
| 23b. DATE <u>12-22-62</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>ST. PAUL'S</u> | |
| 23d. LOCATION (City, town, or county) <u>CONCORDIA</u> | | 24. FUNERAL DIRECTOR <u>E. S. James</u> | |
| 25. DATE RECD. BY LOCAL REG. <u>Dec. 22-1962</u> | | 26. REGISTRAR'S SIGNATURE <u>Lutie Gordon Jordan</u> | |

USE BLACK INK OR TYPEWRITER RIBBON

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 me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. P. Jones

Licensed Embalmer No. 2058

P. O. Address Concordia, Mo

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.