

FILED JAN 25 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3334**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 323 PRIMARY REG. DIST. NO. 6099 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>		
b. CITY OR TOWN <u>Rural - Prairie</u>		c. LENGTH OF STAY (in this place) <u>50 years</u>	c. CITY OR TOWN <u>Queen City - Rural</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION			e. STREET ADDRESS (If rural, give location) <u>0985</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Henry</u> c. (Last) <u>Holtzman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 10 57</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>3-5-75</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months Days Hours Mins.
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	11. BIRTHPLACE (City and State or Foreign Country) <u>Marion Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Andrew Holtzman</u>		13b. MOTHER'S MAIDEN NAME <u>Luisa Knittel</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Holtzman</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Holtzman Jr. Queen City, Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>			DUE TO (b) <u>Atherosclerosis</u>		<u>1 day</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			DUE TO (c)		<u>years</u>
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>332X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>9-24</u> , 19 <u>55</u> , to <u>1-10</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>1-10</u> , 19 <u>57</u> , and that death occurred at <u>2:30 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>H.R. Stoker</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Tanconter, Mo.</u>		23c. DATE SIGNED <u>1-14-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>1-13-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Germania Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>5 miles East of Queen City, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-25-57</u>	REGISTRAR'S SIGNATURE <u>Chas. A. J. Drake</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Dorothy Ferrell Home Queen City, Mo.</u>		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 *Jack L. Doherty*.....

Licensed Embalmer No. *4619*.....

P. O. Address *Queen City, 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.