

FILED MAY 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10993

State File No.

BIRTH NO.		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u> Registrar's No. <u>103</u>	
1. PLACE OF DEATH a. COUNTY <u>Boone</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Columbia</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5A Kuhlman Court</u>			f. STREET ADDRESS (If rural, give location) <u>5A Kuhlman Ct.</u> 01050		
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGARET</u> b. (Middle) <u>VON HOLTZENDORFF</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>April 28, 1955</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 22, 1889</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Columbia, Missouri.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>George Bingham Rollins</u>		13b. MOTHER'S MAIDEN NAME <u>Maggie Clarkson</u>	
14. NAME OF HUSBAND OR WIFE <u>Col. John D. Von Holtzendorff</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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J. Sidney Rollins, Columbia, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Acute myelogenous leukemia</u>			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myelogenous leukemia</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 1/2 mos.</u>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			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 <u>2041</u>		20. AUTOPSY? 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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>May 19, 1948</u> , to <u>April 28, 1955</u> , that I last saw the deceased alive on <u>April 28, 1955</u> , and that death occurred at <u>10:00 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>James W. Allen M.D.</u>			23b. ADDRESS <u>Columbia Mo</u>		23c. DATE SIGNED <u>4-29-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>May 2, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri.</u>		
DATE REC'D BY LOCAL REG. <u>Apr. 30 1955</u>	REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>31- Barber Funeral Service Columbia, Mo</u>		

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

9961 S E 7th

NOV 18 1954

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 *J. Phillips*

Licensed Embalmer No. *489*
P. O. Address *Columbia, T.*

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.