

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004433
STATE FILE NUMBER

FILED MAR 3 - 1958

Registration District No. 31 Primary Registration District No. 5108 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Benton			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Benton		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Williams Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Williams Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 1/2 Mile N. Cole Camp		Length of stay in lb Life	d. STREET (If outside, give location) ADDRESS 1 1/2 M1 North Cole Camp		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Frederick <i>First</i> William <i>Middle</i> Von Holten <i>Last</i>			4. DATE OF DEATH Month Feb Day 24th Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 21st 1986	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 3 Days 3 Hours 3 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Cole Camp Mo		12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME Jacob Von Holten			14. MOTHER'S MAIDEN NAME Anna Brunjes		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none	17. INFORMANT Mrs Wm Von Holten Address Cole Camp Mo		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute circulatory failure DUE TO (b) Coronary Thrombosis with myocardial infarction DUE TO (c) Atherosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 5 min 5 min 5 yrs
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.) 4201			
20c. TIME OF INJURY Hour 6:00 Month, Day, Year a. m. AM 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 Warsaw Mo.		COUNTY STATE	
21. I attended the deceased from Death on arrival and last saw her alive on _____ Death occurred at 6:00 AM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Eusebio DO (Degree or title)		22b. ADDRESS Warsaw Mo.		22c. DATE SIGNED 2/25/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb 26th 1958	23c. NAME OF CEMETERY OR CREMATORY Cole Camp Memorial		23d. LOCATION (City, town, or county) Cole Camp Mo
24. FUNERAL DIRECTOR E L Eickhoff		ADDRESS Cole Camp Mo		25. DATE RECD. BY LOCAL REG. Feb 26th 1958	26. REGISTRAR'S SIGNATURE E L Eickhoff

MAR 5 1958

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. *46*

P. O. Address *Col. Camp*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.