

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036686

STATE FILE NUMBER

AMENDED

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

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>BENTON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLINTON</u>		Length of stay in 1b <u>7 HRS.</u>	c. CITY OR TOWN <u>COLE CAMP</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location), HOSPITAL OR INSTITUTION <u>WETZEL HOSPITAL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>4 miles NORTH</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>OTTO HERMAN HOLSTEN</u>			4. DATE OF DEATH Month Day Year <u>OCT. 11 1961</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>MAY 15, 1904</u>
9. AGE (last birthday) <u>57</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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>FARMING</u>	11. BIRTHPLACE (City and state or country) <u>COLE CAMP, MO.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>WILLIAM H. HOLSTEN</u>	
13b. MOTHER'S MAIDEN NAME <u>SOPHIE KROENKE</u>		14. NAME OF HUSBAND OR WIFE <u>MABEL M. 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>490-42-9921</u>	17. INFORMANT Address <u>MABEL M. HOLSTEN Cole Camp, 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>PULMONARY EDEMA</u>			INTERVAL BETWEEN ONSET AND DEATH <u>HRS</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>VASCULAR SHOCK</u>			<u>MIN.</u>
DUE TO (c) <u>CORONARY OCCLUSION</u>			<u>HRS.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>NONE KNOWN</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>Aug. 1960</u> to <u>Oct. 11,</u> and last saw him alive on <u>Oct 11, 60</u> Death occurred at <u>6:03</u> <u>P</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Arturo Gonzalez DO</u>		22b. ADDRESS <u>Cole Camp MO</u>	22c. DATE SIGNED <u>10-12-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>OCT. 14, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>COLE CAMP MEMORIAL</u>	23d. LOCATION (City, town, or county) (State) <u>COLE CAMP MO.</u>
24. FUNERAL DIRECTOR ADDRESS <u>CHARLES F. FOX Cole Camp, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>OCT. 16, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Willard Bigum</u>

DATE AMENDED

INSTEAD OF DOCUMENT

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 8 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 Rob CAMP,

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.