

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019063

STATE FILE NUMBER

FILED JUN 10 1958

Registration District No.

324

Primary Registration District No.

3046

Registrar's No.

54

1. PLACE OF DEATH a. COUNTY <i>Moniteau</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Moniteau</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>California</i>		c. CITY OR TOWN <i>California</i> <i>6681</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last <i>MATILDA Rosea HOLZER</i>		4. DATE OF DEATH Month Day Year <i>June 1 1958</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Nov 22-1894</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>no</i>	11. BIRTHPLACE (City and state or country) <i>Jamestown Mo.</i>
13a. FATHER'S NAME <i>Wm Knipker</i>		13b. MOTHER'S MAIDEN NAME <i>Malinda Beutler</i>	14. NAME OF HUSBAND OR WIFE <i>Albert Holzer</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>	17. INFORMANT <i>Chas Smith</i> Address <i>California Mo.</i>
18. CAUSE OF DEATH (Enter only one cause pointing for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Uremia</i> DUE TO (b) <i>acute Nephritis</i> DUE TO (c) <i>Arteriosclerosis</i> 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 <i>10 days</i>
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 a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 <i>May 26</i> to <i>June 1, 1958</i> and last saw her alive on <i>June 1, 1958</i> Death occurred at <i>no</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J. L. Bonion</i> (Degree or Title) <i>2</i>		22b. ADDRESS <i>California</i>	
22c. DATE SIGNED <i>6/2/58</i>			
23a. BURIAL CREMATION, REMOVAL (Specify)	23b. DATE <i>6-3-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Masonic Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>California Missouri</i>
24. FUNERAL DIRECTOR <i>Hugh E. Williams</i> ADDRESS <i>California Mo</i>		25. DATE RECD. BY LOCAL REG. <i>6-2-58</i>	26. REGISTRAR'S SIGNATURE <i>Helen L. Poppey</i>

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

Licensed Embalmer No. 3537

P. O. Address California

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.