

FILED MAR 20 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10304

State File No. _____

Registration District No. 11Primary Registration District No. 5041Registrar's No. 16

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Rural - Flat Creek
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days3. (a) PRINT FULL NAME Betty Mae Holt

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 15 1943
(Month) (Day) (Year)8. AGE: Years _____ Months _____ Days 24 If less than one day _____ hr. _____ min.9. Birthplace Barry Co. Missouri
(City, town, or county) (State or foreign country)10. Usual occupation None

11. Industry or business _____

12. Name Clyde Holt13. Birthplace Missouri
(City, town, or county) (State or foreign country)14. Maiden name Minnie Berry15. Birthplace Arkansas
(City, town, or county) (State or foreign country)16. (a) Informant Sam Holt(b) Address Cassville, Mo.17. (a) Burial (b) Date thereof 1/10/44
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation County18. (a) Signature of funeral director Culver Funeral Home(b) Address Cassville, Mo.19. (a) Feb-21-1944 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Rural - Flat Creek
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28
year 1944 hour _____ minute _____ M.21. I hereby certify that I attended the deceased from Jan 24, 1944, to Jan 24, 1944,
that I last saw him alive on Jan 24, 1944,
and that death occurred on the date and hour stated above.Immediate cause of death _____ Duration 1/2 hourCoronary Embolus

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____ PHYSICIAN _____
Of operations _____
Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____ While at work? _____ (e) Means of injury _____

23. Signature E. B. McDaniel (M. D. or other) _____Address Cassville, Mo. Date signed 2/14/44

RECEIVED

District Health Officer No. 6,

District File Number 344-398

Date Filed MAR 17 1944

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.....

Margaret Culver....., Registered Apprentice No. 357
working under my personal supervision.

Signed J. E. Culver
Licensed Embalmer No. 3584
P. O. Address Cassville

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 this body is not embalmed, fact should be so stated above.