V. S. No. 2
00M—2-43
5-17-39
X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 14 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16003

Registration District No. 128 | Primary Registration District No. 2000 | Registrar's No. 462

39
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1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 month (Specify whether years, months or days)
In this community: 1 month

2. USUAL RESIDENCE OF DECEASED: 46
(a) State: Missouri (b) County: Howell
(c) City or town: West Plains 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME: Helen K. Holstine
3. (b) If veteran, name war: No
3. (c) Social Security No.
4. Sex: Female 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: James Wm. Holstine
6. (c) Age of husband or wife if alive: 32 years
7. Birth date of deceased: Aug. (Month) 30 (Day) 1918 (Year)
8. AGE: Years 29 | Months 9 | Days 1 | If less than one day ___ hr. ___ min.
9. Birthplace: West Plains (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: George Burroughs
13. Birthplace: West Plains (City, town, or county) Missouri 0 (State or foreign country)
MOTHER 14. Maiden name: Daisy Ingold
15. Birthplace: West Plains (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant: James W. Holstine
(b) Address: West Plains, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/4/48 (Month) (Day) (Year)
(c) Place: burial or cremation: West Plains, Mo.
18. (a) Signature of funeral director: H.H. Lohmeyer
(b) Address: Springfield, Mo.
19. (a) 6-1-48 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~May~~ June day 1 year 1948 hour 4 minute 50 p. M.
21. I hereby certify that I attended the deceased from 5-1- , 1948, to 6-1- , 1948; that I last saw her alive on 6-1- , 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bilateral Bronchopneumonia Equimmediately in Acute Endocarditis	5 wks
Due to Staphylococcus Septicemia	5 wks +
Due to Probable Septic Abortion (History)	8 wks
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 14 OB	
Of autopsy: As above	

PHYSICIAN — 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: Joseph N. Hills (M. D. or other)
Address: 209 Chery Springfield Mo. Date signed 6-1-48

(Licensed Embalmer's Statement on Reverse Side)

OCT 1 0 1948

MAR 3 1 1949

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield Mo.

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.