

FILED JAN 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42179

State File No. \_\_\_\_\_  
Registrar's No. 24

BIRTH NO. _____		REG. DIST. NO. 330		PRIMARY REG. DIST. NO. 6112B		State File No. _____		Registrar's No. 24	
1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>ILLMO</u>			c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) <u>ILLMO</u>			100		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AT HOME</u>				d. STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED (Type or Print) a. (First) <u>DAVID</u>			b. (Middle) _____		c. (Last) <u>HELD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 29 1948</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MARCH 5, 1873</u>		9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>24</u>	IF UNDER 24 HRS. Hours _____ Min. _____	
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 (State or foreign country) <u>NEAR ILLMO, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>FRED HELD</u>			13b. MOTHER'S MAIDEN NAME <u>ELIZABETH EIFERT</u>			14. NAME OF HUSBAND OR WIFE <u>AMELIA SANDER HELD</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>			16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Herman Held</u> ADDRESS <u>Illmo, Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>  <u>939</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES <u>Senility</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____						INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>none</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Illmo Scott MO</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>9/30/47</u> , 19 <u>47</u> , to <u>12/29/48</u> , 19 <u>48</u> , that I last saw the deceased alive on <u>12/29</u> , 19 <u>48</u> and that death occurred at <u>15:20</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>A. B. Lee M.D.</u> (Degree or title)				23b. ADDRESS <u>Illmo MO</u>			23c. DATE SIGNED <u>12/31/48</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN 1, 1948</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LUTHERAN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ILLMO MISSOURI</u>				
DATE REC'D BY LOCAL REG. <u>12-31-48</u>		REGISTRAR'S SIGNATURE <u>G. W. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Diplinghoff Funeral Home</u> ADDRESS <u>Illmo, Mo</u>					

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

