

FILED FEB 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1912

67
2

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

BIRTH NO. _____		REG. DIST. NO. <u>217</u>		PRIMARY REG. DIST. NO. <u>3045</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u>		c. LENGTH OF STAY (In this place) <u>all of life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South Main</u>				d. STREET ADDRESS (If rural, give location) <u>South Main</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u> b. (Middle) <u>Wayne</u> c. (Last) <u>Holifield</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-27-49</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>2-16-1944</u>	
9. AGE (In years last birthday) <u>4</u>		IF UNDER 1 YEAR (Months) (Days) <u>11 11</u>		IF UNDER 24 HRS. (Hours) (Mtn.) _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Charleston, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Amos William Holifield</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Blanche Alvey</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Amos Holifield, Charleston, Missouri</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>ACCIDENTAL DROWNING</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACCIDENTAL DROWNING</u> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>FELL IN HOLE OF WATER WHILE AT PLAY IN A NEIGHBORS YARD</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>6-29-49</u> <u>6-28-49</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION <input checked="" type="checkbox"/>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NEAR HOME</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>CHARLESTON MISSISSIPPI MISSOURI</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1-27-1949 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>AT PLAY.</u>			
22. I hereby certify that I attended the deceased from death and pronounced _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5 P m.</u> , from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) <u>John R. Nunnelle, M.D. CORONER</u>				23b. ADDRESS <u>Charleston Mo</u>		23c. DATE SIGNED <u>1-28-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-29-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Charleston, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 4-1949</u>		REGISTRAR'S SIGNATURE <u>Mrs. John Bonduanto</u>		196		25. FUNERAL DIRECTOR'S SIGNATURE <u>John R. Nunnelle</u> ADDRESS <u>Charleston, Mo.</u>	

FILED

District Health Office

District File Number 249-

Date Filed 2-8-

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.

Signed.....
Student Embalmer

Signed John P. Russell
Licensed Embalmer No. 3851

P. O. Address Charleston, N.C.

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.