

FILED JUN 3 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16802**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 172

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Route 4, (Georgetown)</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Daisy</u> b. (Middle) <u>D.</u> c. (Last) <u>Holmes</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 26, 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 15, 1878</u>
9. AGE (In years last birthday) <u>71</u>		10. UNDER 1 YEAR Months <u>2</u> Days <u>21</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home-making</u>	
11. BIRTHPLACE (State or foreign country) <u>Sullivan County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>C.W. Harpham</u>		13b. MOTHER'S MAIDEN NAME <u>Lottie Long</u>	
14. NAME OF HUSBAND OR WIFE <u>L.B. Holmes</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>L.B. L.B. Holmes, husband, Rt. 4, Sedalia</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PRIMARY CARCINOMA OF UTERUS.</u> ANTECEDENT CAUSES <u>With metastasis to urinary bladder &amp; colon</u> <u>FIBROIDS OF UTERUS</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 <u>Post Operative Shock, Following Removal of the Malignancy</u> Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>18 months</u>		<u>10 yrs</u>	
		<u>174X</u>	
		<u>4 days</u>	
19a. DATE OF OPERATION <u>5-23-49</u>	19b. MAJOR FINDINGS OF OPERATION <u>PRIMARY CARCINOMA of Uterus, Metastasis to Urinary Bladder &amp; Colon</u>		20. AUTOPSY? / YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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>6-10</u> , 19 <u>48</u> , to <u>5-26</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>5-26</u> , 19 <u>49</u> , and that death occurred at <u>11:35 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. Enoch J. D.O.</u>		23b. ADDRESS <u>Woodland Hospital, Sedalia, Mo.</u>	
23c. DATE SIGNED <u>5-26-49</u>			
24a. BURIAL - CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/28/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>3 miles south of Edwards, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>5/26/49</u>	REGISTRAR'S SIGNATURE <u>Betty Yeager Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Edwards, Mo.</u>

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

MAY 31 RECD

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 6-2-49

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 \_\_\_\_\_

RICHARD D. CONN

Student Embalmer No. 261

working under my personal supervision.

Student

Richard D. Conn  
Student Embalmer

Signed

Helen K Dietz

Licensed Embalmer, No. 4583

P. O. Address

Sedalia, 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.