

FILED AUG 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23898**
 BIRTH NO. 124 REG. DIST. NO. 1603 PRIMARY REG. DIST. NO. 5596 Registrar's No. 239

1. PLACE OF DEATH a. COUNTY <u>Jefferson (Vale Sup.)</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jefferson</u>		
b. CITY OR TOWN <u>Rural Route 3, Vale, Mo.</u> c. LENGTH OF STAY (in this place)			c. CITY (If outside corporate limits, write RURAL and give township) <u>50</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural R. 3, Vale, Mo.</u>			d. STREET ADDRESS (If rural, give location) <u>De Soto Route 3</u>		

 3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) W c. (Last) HOLDMAN 4. DATE OF DEATH (Month) (Day) (Year) July 29, 1949

 5. SEX M 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH July 17, 1866 9. AGE (In years last birthday) IF UNDER 1 YEAR: Months 8 Days 3 IF UNDER 14 HRS. Hours 0 Min. 12

 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State and foreign country) Vale, Miss. Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

 13a. FATHER'S NAME Thomas Holdman 13b. MOTHER'S MAIDEN NAME Larkins 14. NAME OF HUSBAND OR WIFE Gene Holdman

 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Gene Holdman ADDRESS De Soto R. 3

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arterio-sclerotic cardio-vascular disease with decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>years</u>
	ANTECEDENT CAUSES Morbid 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.		

 19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

 22. I hereby certify that I attended the deceased from Dec, 1948, to 29 July, 1949, that I last saw the deceased alive on 28 July 1949, and that death occurred at 4 P. m., from the causes and on the date stated above.

 23a. SIGNATURE (Degree or title) North. Registrar U.M.D. 23b. ADDRESS De Soto, Mo. 23c. DATE SIGNED 30 July 49

 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE July 31, 1949 24c. NAME OF CEMETERY OR CREMATORY Mountain 24d. LOCATION (City, town, or county) (State) Jefferson Co Mo

 DATE REC'D BY LOCAL REG. 7/30/49 REGISTRAR'S SIGNATURE Marie Farris 25. FUNERAL DIRECTOR'S SIGNATURE Benjamin H. Boone ADDRESS Jen. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
AUG 4 1919
District Health Officer No. 9,
District File Number

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 *Clarence J. Claywell*

Signed _____
Student Embalmer

Licensed Embalmer No. *376*

P. O. Address *Bonne Terre*

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.