

No. 300  
10-48

FILED AUG 4 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24342

8100

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

BIRTH NO. _____		REG. DIST. NO. 275		PRIMARY REG. DIST. NO. 5942		Registrar's No. 97	
1. PLACE OF DEATH a. COUNTY <b>Phelps</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Oklahoma</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Rolla</b>		c. LENGTH OF STAY (In this place) <b>Transient</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>3539 East 31st Tulsa Okla</b>		OR TOWN _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>3 1/2 Mi. W. Rolla on Highway 66</b>				d. STREET ADDRESS (If rural, give location) <b>3539 E. 31st</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOE</b> b. (Middle) <b>DAVID</b> c. (Last) <b>HOLT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 24, 1949</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Feb. 9, 1927</b>		9. AGE (In years last birthday) <b>22</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cable Splicer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>South Bell Telephone Co., Lemont Furnace Penna.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>David L. Holt.</b>		13b. MOTHER'S MAIDEN NAME <b>Minnie V. Sawyer</b>		14. NAME OF HUSBAND OR WIFE <b>XX</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes War No. 2</b>		16. SOCIAL SECURITY NO. <b>246-34-5083</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ulis Holt 412 W. 7th, Tulsa Okla</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.							INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>(a) Multiple Skull fractures, multiple fractures of upper and lower limbs. Motorcycle crash.</b>							88/66 26
ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>							
DUE TO (b) _____							
DUE TO (c) <b>Head-on collision with Automobile</b>							
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Hi. way 66 near Rolla</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Rolla Phelps Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>July 24, 1949 11:50 AM</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Collision with Automobile. 81</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased dead on <b>July 24, 1949</b> , and that death occurred <b>11:50 AM.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>S. B. V. Hull Coroner, Phelps County</b>				23b. ADDRESS <b>Rolla, Missouri</b>		23c. DATE SIGNED <b>7-25-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>7-25-49</b>	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>Tulsa Oklahoma</b>		
DATE REC'D BY LOCAL REG. <b>7-30-49</b>		REGISTRAR'S SIGNATURE <b>Nadine L. Steele</b>		380 FUNERAL DIRECTOR'S SIGNATURE <b>S. B. V. Hull</b>		ADDRESS <b>Rolla, Mo.</b>	

DEC 15 1949

Date Filed 8-1-49

County File Number 676161

Phelps County Health Center, 080

RECEIVED

SEP 14 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.....

Student Embalmer No. ....

working under my personal supervision.

Signed Paul E. Mull

Signed.....  
Student Embalmer

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.