

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24912**

BIRTH NO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 6185
1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE. (Where deceased lived. If institution: residence before admission) a. STATE Arkansas b. COUNTY Benton		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rogers		
d. FULL NAME OF HOSPITAL OR INSTITUTION Frisco Hospital		STREET ADDRESS (If rural, give location) N.R. - 714 N. 4th St.		
3. NAME OF DECEASED (Type or Print) Leroy		a. (First) _____	b. (Middle) _____	c. (Last) Holt
4. DATE OF DEATH July 25 1949		5. SEX Male		
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		
8. DATE OF BIRTH Nov. 9, 1893		9. AGE (In years last birthday) 55		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Agent telegrapher		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Emmett, Arkansas.
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME David F. Holt		
13b. MOTHER'S MAIDEN NAME Frances Wilson		14. NAME OF HUSBAND OR WIFE Myrtle Holt		
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. Unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs. Myrtle Holt, Rogers, Ark.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension, Malignant		DUPLICATE		4 yrs
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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* supraconditis		1 mo?
		menia		1 mo?
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 102
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? H.A.H.
22. I hereby certify that I attended the deceased from 7-5-49 , 19 49 to 7-25- , 19 49 that I last saw the deceased alive on 7-25- , 19 49 and that death occurred at 7:35 P.M. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Norman Miller M.D.		23b. ADDRESS 4960 Leclade Ave.		23c. DATE SIGNED 7-25-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-26-49		24c. NAME OF CEMETERY OR CREMATORY Rogers, Ark.
24d. LOCATION (City, town, or county) (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe ADDRESS 4700 Washington Blvd.		
DATE RECD BY LOCAL REGISTRAR'S SIGNATURE J. B. Jasater		DATE RECD BY LOCAL REGISTRAR'S SIGNATURE _____		

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 1 2 1948

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.

Student
Student Embalmer

Signed

J. W. M. Winkley

Licensed Embalmer No. *3653*

P. O. Address *St. Louis, 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.