

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29332**

FILED SEP 26 1949

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1012

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

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>3 weeks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Industrial City</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1006 Dewey Avenue Parkview Nursing Home</u>			d. STREET ADDRESS (If rural, give location) <u>1</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>B.</u> c. (Last) <u>Holt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 14, 1949</u>		
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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>Jan. 25, 1872</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>7</u>	IF UNDER 24 HRS. Days <u>19</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Stewartsville, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Charles J. Holt</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>never married</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. I.W. Boulware, St. Joseph</u>	
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Approx 2 weeks</u> <u>undetermined.</u> <u>331X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Hypertension</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>--</u>	19b. MAJOR FINDINGS OF OPERATION <u>Trans-urethral Prostatectomy</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>--</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from 7-19, 1949, to 9-14, 1949, that I last saw the deceased alive on 9-9-, 1949, and that death occurred at 1:20P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Electra Smith MD</u>	23b. ADDRESS <u>218 No. 7th St. Joseph, Mo.</u>	23c. DATE SIGNED <u>9-15-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>9/16/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Stewartsville, Mo.</u>
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DATE REC'D BY LOCAL REG <u>Sept. 19, 1949</u>	REGISTRAR'S SIGNATURE <u>E. C. Jenkins</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter Bowman Funeral Home St. Joseph Mo.</u>
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NOV 22 1949

Dr. Clayton Smith

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.....

Regene Wood

Licensed Embalmer No. *3804*

P. O. Address *319 So 10th St Joseph, 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.