

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 6 1950

State File No. 40154

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 4044 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>Bellinger</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bellinger</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Wayne</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Zalma, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Zalma, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>DRURY</u> b. (Middle) <u>HADEN</u> c. (Last) <u>HOLT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 27, 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)	8. DATE OF BIRTH <u>July 27, 1865</u>	9. AGE (in years last birthday) <u>84</u> IF UNDER 1 YEAR Months <u>4</u> Days <u>4</u> IF UNDER 2 WKS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work doing the most of working life, even if retired) <u>Retired farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Drury Haden Holt</u>	13b. MOTHER'S MAIDEN NAME <u>Not known</u>	14. NAME OF HUSBAND OR WIFE <u>Martha E. Holt</u>
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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>Martha E. Holt</u>	ADDRESS <u>Zalma, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u>
	- ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>490X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 26 Nov, 1949, to 27 Nov, 1949, that I last saw the deceased alive on 26 Nov, 1949, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. L. Merrill, D.O.</u>	23b. ADDRESS <u>Advance, Mo.</u>	23c. DATE SIGNED <u>30 Nov 49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Nov. 29, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Berrans Cemetery Near Zalma, Mo.</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>Dec 27, 1949</u>	REGISTRAR'S SIGNATURE <u>William Van Amburgh</u>	25. EMBALMER'S SIGNATURE <u>Clayton S. Morgan</u>	ADDRESS <u>Advance, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

1-3-50

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150-4

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

Lloyd S. Morgan, Jr.

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Lloyd S. Morgan*
Licensed Embalmer No. *4493*

P. O. Address *Duane, N.C.*

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.