

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5123

FILED MAR 2 1950

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5388 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Blue Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Blue Township	
c. LENGTH OF STAY (in this place) 40Yrs.		d. STREET ADDRESS (If rural, give location) 541 Cedar	
d. FULL NAME OF HOSPITAL OR INSTITUTION 541 Cedar			

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Byrbe c. (Last) Holder			4. DATE OF DEATH (Month) (Day) (Year) Feb. 10, 1950		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 8, 1862	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 3 Days 2	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Des Moines, Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME ?	13b. MOTHER'S MAIDEN NAME No Data	14. NAME OF HUSBAND OR WIFE Richard Willis Holder
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. done	17. INFORMANT'S SIGNATURE OR NAME Richard Willis Holder, K.C. Mo.	ADDRESS
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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) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH Years 41 days 7:9020 21
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fractured hip		
	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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan. 1, 1950	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Getting out of bed at home 068
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22. I hereby certify that I attended the deceased from Jan 1, 1950, to Feb 7, 1950, that I last saw the deceased alive on Feb 5, 1950, and that death occurred at 3 A. m., from the causes and on the date stated above.

23a. SIGNATURE W. H. Nickerson (Degree or title) MD	23b. ADDRESS First Nat'l. Bank Bldg Independence, Mo.	23c. DATE SIGNED 2/11/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/15/50	24c. NAME OF CEMETERY OR CREMATORY Mt. Washington	24d. LOCATION (City, town, or county) (State) Jackson County Mo.
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DATE REC'D BY LOCAL REG. Feb. 11-1950	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Roland R. Speaks	ADDRESS Indep., Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 23 RECD

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.

Signed.....

Goland R. Benke

Licensed Embalmer No. 3604.....

P. O. Address Independence, Missouri

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.