

FILED APR 10 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

11697

State File No.

BIRTH NO. _____ REG. DIST. NO. 356 PRIMARY REG. DIST. NO. 6206 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived.) If institution: residence before admission a. STATE <u>Mo.</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Raymondville</u>		c. LENGTH OF STAY (in this place) <u>6 2 yrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Raymondville Mo.</u>	
		d. STREET ADDRESS (If rural, give location) <u>1070</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>SYLVESTER</u> c. (Last) <u>HOLT</u>		4. DATE OF DEATH (Month) <u>3</u> (Day) <u>30</u> (Year) <u>50</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 18, 1887</u>
9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>mail carrier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bro. Rural</u>	11. BIRTHPLACE (State or foreign country) <u>Raymondville Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Osborne Holt</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie Kirwan</u>	14. NAME OF HUSBAND OR WIFE <u>Clara</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>World War I</u>		16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Joe Steenberg</u> ADDRESS <u>Raymondville Mo.</u>
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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"/>
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)	
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?	
22. I hereby certify that I attended the deceased from <u>04</u> to <u>3-30</u> , 19 <u>50</u> , that I last saw the deceased alive on _____, 19 <u>50</u> , and that death occurred at <u>5: P - m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Scott Kramer M.D.</u> (Degree or title)		23b. ADDRESS <u>Houston, Mo.</u>	23c. DATE SIGNED <u>4-1-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>4-2-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Allen</u>	24d. LOCATION (City, town, or county) (State) <u>Yao Co. Mo.</u>
DATE REC'D BY LOCAL REG. <u>April 3-50</u>	REGISTRAR'S SIGNATURE <u>Myrtie Craig</u> 327	25. FUNERAL DIRECTOR'S SIGNATURE <u>Boylston Elliott</u> ADDRESS <u>Houston Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1070

APR 21 1950

APR 17 1950

Received
J. Hood
P-5
9:00

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 Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.