

FILED APR 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **1912**No. 300
10. 48

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 125

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>	
c. LENGTH OF STAY (in this place) <u>6 Days</u>		d. STREET ADDRESS (If rural, give location) <u>824 Range Line</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone County Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WALLACE</u> b. (Middle) <u>NEWTON</u> c. (Last) <u>HOLMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 17, 1950</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 4, 1876</u>
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Dairy Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Audrain County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>James Holman</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Black</u>	
14. NAME OF HUSBAND OR WIFE <u>Alma Blanche McCall</u>			
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. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Wallace Newton Holman, Columbia, Mo</u>		ADDRESS _____	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage, spontaneous</u> ANTECEDENT CAUSES <u>Non-traumatic</u> DUE TO (b) <u>Hypertensive & arteriosclerotic</u> DUE TO (c) <u>Cardiovascular disease</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>			
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) _____		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>2-6</u> 19 <u>50</u> to <u>4-17</u> 19 <u>50</u> , that I last saw the deceased alive on <u>4-17</u> 19 <u>50</u> , and that death occurred at <u>6:45 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Ronald P. Ladecision MD</u>		23b. ADDRESS <u>1600 10th St.</u>	
23c. DATE SIGNED <u>4-18-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 19, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Westminister Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Galloway County Mo</u>	
DATE REC'D BY LOCAL REG. <u>April 19 1950</u>		REGISTRAR'S SIGNATURE <u>31 Mrs. P. E. Palmer</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Parker Funeral Service, Columbia, Mo</u>		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 27 1950
District File Number No. 9

District Health Officer No. 9,

RECEIVED APR 25 1950

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.

Student Embalmer No.....

Signed *M. S. Whitman*

Signed.....
Student Embalmer

Licensed Embalmer No. *2892*

P. O. Address *Columbia, Md*

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.