

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **14208**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **295** PRIMARY REG. DIST. NO. **4443** Registrar's No. **18**

2880  
 1

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

|                                                                                    |  |                                                                                                                                             |  |
|------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Randolph</b>                                     |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <b>Huntsville</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) <b>Huntsville</b>                                                      |  |
| c. LENGTH OF STAY (In this place)                                                  |  | d. STREET ADDRESS (If rural, give location) <b>Mulberry Street</b>                                                                          |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mulberry Street</b>                     |  |                                                                                                                                             |  |

|                                                                                                                |  |                                               |                                                             |                                                                       |  |
|----------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------------------------|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <b>Blanche</b> b. (Middle) <b>B.</b> c. (Last) <b>Holman</b> |  |                                               | 4. DATE OF DEATH (Month) (Day) (Year) <b>April 22, 1950</b> |                                                                       |  |
| 5. SEX <b>female</b>                                                                                           |  | 6. COLOR OR RACE <b>white</b>                 |                                                             | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b> |  |
| 8. DATE OF BIRTH <b>Sept. 5, 1878</b>                                                                          |  | 9. AGE (In years last birthday) <b>71</b>     |                                                             | IF UNDER 1 YEAR: Months Days Hours Mins.                              |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>home</b> |                                                             | 11. BIRTHPLACE (State or foreign country) <b>Missouri</b>             |  |
| 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>                                                                     |  |                                               |                                                             |                                                                       |  |

|                                                                             |  |                                               |  |                                                                              |                                  |
|-----------------------------------------------------------------------------|--|-----------------------------------------------|--|------------------------------------------------------------------------------|----------------------------------|
| 13a. FATHER'S NAME <b>Peery Buchanan</b>                                    |  | 13b. MOTHER'S MAIDEN NAME <b>Bettie Berry</b> |  | 14. NAME OF HUSBAND OR WIFE <b>Russell Holman</b>                            |                                  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> |  | 16. SOCIAL SECURITY NO. <b>none</b>           |  | 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Pearl Dameron; Huntsville, Mo.</b> |                                  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))    |  | MEDICAL CERTIFICATION                         |  |                                                                              | INTERVAL BETWEEN ONSET AND DEATH |

|                                                                                                                                                |  |                                                                                                                 |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------|--|--|
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebro Vascular accident</b>                                                        |  | INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>                                                                  |  |  |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |  | ANTECEDENT CAUSES                                                                                               |  |  |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.                                               |  | DUE TO (b) <b>Arteriosclerosis - cerebral and renal</b>                                                         |  |  |
|                                                                                                                                                |  | DUE TO (c) <b>Hypertension</b>                                                                                  |  |  |
| II. OTHER SIGNIFICANT CONDITIONS                                                                                                               |  | Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility</b> |  |  |
| 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 **3/29**, 19**47**, to **4/22**, 19**50**, that I last saw the deceased alive on **4/22**, 19**50**, and that death occurred at **11:15** a.m., from the causes and on the date stated above.

|                                                                           |  |                                     |  |                                                      |  |
|---------------------------------------------------------------------------|--|-------------------------------------|--|------------------------------------------------------|--|
| 23a. SIGNATURE <b>Russell M. Eselman D.D.</b> (Degree of title)           |  | 23b. ADDRESS <b>Huntsville, Mo.</b> |  | 23c. DATE SIGNED <b>4/24/50</b>                      |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>                   |  | 24b. DATE <b>4-24-1950</b>          |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Huntsville</b> |  |
| 24d. LOCATION (City, town, or county) (State) <b>Huntsville, Missouri</b> |  |                                     |  |                                                      |  |

|                                         |  |                                                          |  |                                                                                 |  |
|-----------------------------------------|--|----------------------------------------------------------|--|---------------------------------------------------------------------------------|--|
| DATE REC'D BY LOCAL REG. <b>4-25-50</b> |  | REGISTRAR'S SIGNATURE <b>Mrs. W. A. B. Anthony D. P.</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Tom B. Patton</b> ADDRESS <b>Huntsville</b> |  |
|-----------------------------------------|--|----------------------------------------------------------|--|---------------------------------------------------------------------------------|--|

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAY 1 1950  
District Health Officer No. 10  
District File Number.....  
Date Filed .....

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, 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.