

FILED JUN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16002

0173

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

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>2007</u> Registrar's No. <u>232</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fisk, Mo.</u>		0120
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doctor's Hosp.</u>			d. STREET ADDRESS (If rural, give location) <u>1</u>		
3. NAME OF DECEASED (Type or Print)		a. (First) <u>LEONA</u>	b. (Middle) <u>MAY</u>	c. (Last) <u>HOLDEN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5/27/50</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3/20/1892</u>	9. AGE (In years last birthday)	10. MONTHS
				<u>58</u>	<u>2</u>
				<u>7</u>	<u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Honey Grove, Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>John Kyle</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Smotherman</u>		14. NAME OF HUSBAND OR WIFE <u>Roy Holden.</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 ADDRESS <u>Roy Holden....Fisk, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxiation</u> ANTECEDENT CAUSES DUE TO (b) <u>Cardiac failure</u> DUE TO (c) <u>Strangulated hernia, jaundice</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cholecystitis of Liver</u>				INTERVAL BETWEEN ONSET AND DEATH <u>156A</u>
19a. DATE OF OPERATION <u>5-28-50</u>	19b. MAJOR FINDINGS OF OPERATION <u>Adenocarcinoma liver - Strangulated hernia</u>				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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) <u>Fisk, Mo.</u>			
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>5-23-50</u> , 19 <u>50</u> , to <u>5-27</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>5-27</u> , 19 <u>50</u> , and that death occurred at <u>1 A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>W. Martel M.D.</u>		23b. ADDRESS <u>Poplar Bluff, Mo.</u>		23c. DATE SIGNED <u>5-29-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/28/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ash Hill Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Fisk, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>May 30-1950</u>	REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>	428	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>FRANK-COTRELL....Poplar Bluff, Mo.</u>		

RECEIVED

JUN 6 - 1950

BUTLER CO. HEALTH CENTER

FILE No. 550-246

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 George A. Kerby

Licensed Embalmer No. 4752

P. O. Address Poplar Bluff, 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.