

FILED JUN 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20998

State File No.

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 432 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY Morgan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Morgan	
b. CITY (If outside corporate limits, write RURAL and give township) Versailles		c. CITY (If outside corporate limits, write RURAL and give township) Versailles	
c. LENGTH OF STAY (In this place) Lifetime		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. CITY (If outside corporate limits, write RURAL and give township) 0	

3. NAME OF DECEASED (Type or Print) a. (First) Howard	b. (Middle) M.	c. (Last) Holder	4. DATE OF DEATH (Month) (Day) (Year) June 2, 1950
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 7, 1905	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months 4 Days 5	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Morgan Co., Missouri	12. CITIZENRY OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Jasper Holder	13b. MOTHER'S MAIDEN NAME Ella Burris	14. NAME OF HUSBAND OR WIFE Marie Redman
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 500-10-5981	17. INFORMANT'S SIGNATURE OR NAME Ella Holder ADDRESS Versailles, Mo.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary tuberculosis		unknown
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia about 3 weeks			

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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 5, 1950, to June 17, 1950, that I last saw the deceased alive on June 17, 1950, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. L. Washburn	23b. ADDRESS M. D. Versailles, Mo.	23c. DATE SIGNED 6/15/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 15-50	24c. NAME OF CEMETERY OR CREMATORY Versailles Colored	24d. LOCATION (City, town, or county) (State) Versailles, Mo.
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DATE REC'D BY LOCAL REG June 15-1950	REGISTRAR'S SIGNATURE J. L. Washburn, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE V. P. ... ADDRESS Versailles, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 6-19-57
District Health Officer No. 7;
District File Number 5-50-683
Date Filed 6-19-57

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. _____

Student _____
Student Embalmer

Signed Gene H. Daiton

Licensed Embalmer No. 4021

P. O. Address Versailles, 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.