

FILED JUL 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22887**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 275

1. PLACE OF DEATH a. COUNTY <u>Butler.</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Ripley.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Jordan Twsp.</u>	
c. LENGTH OF STAY (in this place) <u>3 days.</u>		d. STREET ADDRESS (If rural, give location) <u>14 mi North of Doniphan, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doctors Hospital.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Arthur</u> c. (Last) <u>Holt.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 29, 1950.</u>		
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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>Nov. 5, 1881.</u>		9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chef.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Restaurant.</u>			11. BIRTHPLACE (State or foreign country) <u>Calloway Co., Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>John J. Holt.</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Berry.</u>			14. NAME OF HUSBAND OR WIFE <u>Nettie Holt.</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>492-09-9744.</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Elsie May Holt Cole 2082 Fowler St. China, S. Cal.</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxiation.</u>						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac failure</u> DUE TO (c) <u>Cerebral hemorrhage</u>							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>33 1x</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 6-26-, 1950, to 6-29-, 1950, that I last saw the deceased alive on 6-29-, 1950, and that death occurred at 3:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. S. Markel M.D.</u>		23b. ADDRESS <u>Poplar Bluff, Mo.</u>		23c. DATE SIGNED <u>7-3-50.</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>		24b. DATE <u>July 3, 1950.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Macedonia Cemetery, Ripley Co., Missouri.</u>		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. <u>July 3-1950</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Ray Means, Doniphan, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

JUL 13 1950

BUTLER CO. HEALTH CENTER

FILE No. 750-297

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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 Ray Means

Licensed Embalmer No. 3743

P. O. Address Doniphan, 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.