

FILED JUL 22 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23546  
2922

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Jackson</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>1 mo. 8 days</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mercy Hosp</u>	
a. STATE <u>Missouri</u>		b. COUNTY <u>Cedar</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Stockton</u>		d. STREET ADDRESS (If rural, give location) <u>R # 1</u>	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>Caral</u>			b. (Middle) <u>Wayne</u>			c. (Last) <u>Holder</u>	
6. COLOR OR RACE <u>W</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S</u>			8. DATE OF BIRTH <u>May 12, 1942</u>	
9. AGE (In years last birthday) <u>8 yrs.</u>			10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>child</u>			10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Cedar County, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			13a. FATHER'S NAME <u>Lloyd HOLDER</u>	
13b. MOTHER'S MAIDEN NAME <u>Blanche BARNETT</u>			14. NAME OF HUSBAND OR WIFE _____			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. <u>no</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Blanche Holder</u>			ADDRESS <u>Stockton Mo</u>	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lymphosarcoma - generalized</u>			
*This does not mean the mode of dying, such as heart failure, ashenia, 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) _____			
				DUE TO (c) _____			
				II. OTHER SIGNIFICANT CONDITIONS			
				Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____			
20. AUTOPSY? YES <input checked="" 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) _____				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>May 24, 1950</u> , to <u>July 2, 1950</u> , that I last saw the deceased alive on <u>July 2, 1950</u> , and that death occurred at <u>9:05 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>F.C. Coleman</u> (Degree or title) <u>M.D. Pathologist</u>				23b. ADDRESS <u>4922 Bell St. K.C. Mo.</u>			
23c. DATE SIGNED <u>7-2-50</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>			
24b. DATE <u>7/2/50</u>				24c. NAME OF CEMETERY OR CREMATORY _____			
24d. LOCATION (City, town, or county) (State) <u>Stockton MO</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE-McCLURE</u>			
DATE REC'D BY LOCAL REG. <u>7-3-50</u>				REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>			
ADDRESS <u>K.C. MO</u>							

(Licensed Embalmer's Statement on Reverse Side)

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

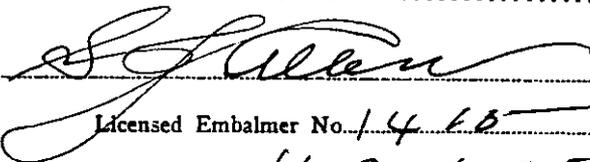
AUG 5 1937

**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 .....

Signed.....  
Student Embalmer

Licensed Embalmer No. 1410

P. O. Address K C W

**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.**