

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24394

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 6006 Registrar's No. 167

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Florida b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Cairns		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Petersburg 8090	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 8	

3. NAME OF DECEASED (Type or Print) David	a. (First)	b. (Middle) E.	c. (Last) Holt	4. DATE OF DEATH (Month) (Day) (Year) 7/11/50
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5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed ✓	8. DATE OF BIRTH 3/20/1867	9. AGE (In years last birthday) (Months) (Days) (If under 24 hrs. Hours) (Min.) 83 3 21
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) cabinet making	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Randolph Co. Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME James A. Holt	13b. MOTHER'S MAIDEN NAME Mary F. Halliburton	14. NAME OF HUSBAND OR WIFE unknown
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Newt Switzer	ADDRESS Jacksonville, Va.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 2 months
	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.		532X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **May 8, 1950**, to **July 10, 1950**, that I last saw the deceased alive on **July 10, 1950**, and that death occurred at **5:40 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. L. Harlan M.D.	23b. ADDRESS Olivera & me July 19/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 5	24b. DATE 7/12/50	24c. NAME OF CEMETERY OR CREMATORY Marcellus Township	24d. LOCATION (City, town, or county) (State) Marcellus Michigan
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DATE REC'D BY LOCAL REG. July 12-50	REGISTRAR'S SIGNATURE Leah Williams	25. FUNERAL DIRECTOR'S SIGNATURE Marion E. Mellian	ADDRESS Moduly Mo.
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RECEIVED **JUL 17 1950**
District Health Officer No. 10
District File Number 7-50-1156
Date Filed JUL 27 1950

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 Marion E. Million

Licensed Embalmer No. 3957

P. O. Address Moberly, 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.