

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25983

State File No. _____
Registrar's No. 38

FILED JUL 31 1950

BIRTH NO. _____ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 16769

1. PLACE OF DEATH
a. COUNTY Webster - Ozark
b. CITY OR TOWN Marshfield R-2
c. LENGTH OF STAY (in this place) Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION None

2. USUAL RESIDENCE (Where deceased lived. If institutions or homes before admission)
a. STATE Missouri
b. COUNTY Webster
c. CITY OR TOWN Marshfield R-2 - Ozark
d. STREET ADDRESS 4 miles North West of Marshfield, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First) Gayford b. (Middle) c. (Last) Holbert
4. DATE OF DEATH (Month) (Day) (Year) July 6, 1950

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 13, 1892 9. AGE (in years last birthday) 58

10a. USUAL OCCUPATION (Give kind of work denoting most of working life, even if retired) Retired Street Commissioner
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Webster County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Lee Holbert 13b. MOTHER'S MAIDEN NAME Visa Galbraith 14. NAME OF HUSBAND OR WIFE Pearl Holbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT'S SIGNATURE OR NAME Mrs. Pearl Holbert ADDRESS Marshfield R-2, Mo.

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis
ANTECEDENT CAUSES (b) Nephritis (c) Arterial Sclerosis
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)
19. DATE OF OPERATION No
19b. MAJOR FINDINGS OF OPERATION No
20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) No
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) No

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) No
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK No
21f. HOW DID INJURY OCCUR? No

22. I hereby certify that I attended the deceased from 6/13, 1950, to 7/1, 1950, that I last saw the deceased alive on 7/1, 1950, and that death occurred at 1:30 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. A. Frentho M.D.
23b. ADDRESS St. Louis, Mo.
23c. DATE SIGNED 7/5/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-8-50
24c. NAME OF CEMETERY OR CREMATORY Marshfield
24d. LOCATION (City, town, or county) (State) Marshfield, Mo.

DATE REC'D BY LOCAL REG. 7/18/50
REGISTRAR'S SIGNATURE J. Francis 392
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arthur Bruce Marshfield, Mo.

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JUL 25 1950

Dist. File 750-872

Date Filed 7-28-50

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 Arthur Bruce

Licensed Embalmer No. 4723

P. O. Address Marshall, 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.