

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33124**

FILED OCT 27 1950

BIRTH NO. **103** REG. DIST. NO. **5417** PRIMARY REG. DIST. NO. **5417** Registrar's No. **77**

1. PLACE OF DEATH a. COUNTY Stunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stunklin					
b. CITY (If outside corporate limits, write RURAL and give town) Rural Clay		c. LENGTH OF STAY (in this place) Clay 0350		c. CITY (If outside corporate limits, write RURAL and give township) Rural Clay		d. STREET ADDRESS (If rural, give location) 0350			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION None				d. STREET ADDRESS (If rural, give location) 0350					
3. NAME OF DECEASED (Type or Print) a. (First) HENRY			b. (Middle) DEXTER		c. (Last) HOLDER		4. DATE OF DEATH (Month) (Day) (Year) 9-27-1950		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1		8. DATE OF BIRTH 6-10-1894	9. AGE (in years last birthday) 56	IF UNDER 1 YEAR Months 3 Days 17	IF UNDER 4 HRS. Hours 3 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Anna Phelps		14. NAME OF HUSBAND OR WIFE Ruby Holder				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I		16. SOCIAL SECURITY NO. 385-07-4756		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruby Holder Smith, 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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 531X				INTERVAL BETWEEN ONSET AND DEATH 3 hours	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 9/27 , 19 50 , to 9/27 , 19 50 , that I last saw the deceased alive on 9/27 , 19 50 , and that death occurred at 8:00 p. m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) J. S. Kelly, M.D.				23b. ADDRESS Forresterville, Mo.		23c. DATE SIGNED 10-7-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-29-50		24c. NAME OF CEMETERY OR CREMATORY Wickham Cemetery		24d. LOCATION (City, town, or county) (State) Rural Smith, Mo			
DATE REC'D BY LOCAL REG. 10-13-50		REGISTRAR'S SIGNATURE Bertha Kenschmidt		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McDermott Funeral Service, Inc. Smith, Mo					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT10-26-50.....

COUNTY FILE NUMBER 1050-293

OCT 27 1950

STATEMENT BY LICENSED EMBALMER

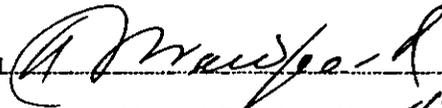
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 4465

P. O. Address Sumner, 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.