

FILED NOV 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35914

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4496 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY Shelby Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbyville Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbyville 8 miles N.W.	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) Taylor Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			

3. NAME OF DECEASED a. (First) John b. (Middle) Phillip c. (Last) Holderieath			4. DATE OF DEATH (Month) (Day) (Year) 10-20-1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-14-1880	9. AGE (In years last birthday) 70	10. MONTHS 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (State or foreign country) Shelby Co.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Samuel Holderieath	13b. MOTHER'S MAIDEN NAME Mar E. Carmady	14. NAME OF HUSBAND OR WIFE Annie Holderieath
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. X
17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Annie Holderieath, Shelbyville, 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) Cancer of the prostate		INTERVAL BETWEEN ONSET AND DEATH 3 yrs
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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 Oct 9, 1950, to Oct 20, 1950, that I last saw the deceased alive on Oct 20, 1950, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE Howard W. Dutton D.O.	23b. ADDRESS Bethel Mo.	23c. DATE SIGNED Oct 25, 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-22-1950	24c. NAME OF CEMETERY OR CREMATORY Pleasant Prairie	24d. LOCATION (City, town, or county) (State) Bethel Mo.
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DATE REC'D BY LOCAL REG. 11-1-50	REGISTRAR'S SIGNATURE Ada Garrison 419	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Barkeley-Hawkins, Shelbina, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10/20  
10/20

Date Received: NOV 6 1950  
DISTRICT HEALTH OFFICE #2  
District File Number 77-50  
Date Filed: NOV 8 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. 3498

P. O. Address - Shelburne, Md

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.