

FILED JAN 4 1950

STANDARD CERTIFICATE OF DEATH

State File No. 39796

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 321 PRIMARY REG. DIST. NO. 4042 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY <i>Bollinger</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Scott</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Lutesville</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Illmo</i>	
c. LENGTH OF STAY (If in this place) <i>3 days</i>		1000	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Bond Nursing Home</i>		d. STREET ADDRESS (If rural, give location) ✓	

3. NAME OF DECEASED (Type or Print) a. (First) <i>GERTRUDE</i> b. (Middle) <i>ANN</i> c. (Last) <i>HOLDEN</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>12 27 50</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>March 3, 1875</i>	9. AGE (In years last birthday) <i>75</i>	IF UNDER 1 YEAR Months: <i>9</i> Days: <i>15</i>	IF UNDER 24 HRS. Hours: <i>1</i> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY ✓		11. BIRTHPLACE (State or foreign country) <i>Waxahatchie, Texas</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>

13a. FATHER'S NAME <i>William Bellad Watts</i>		13b. MOTHER'S MAIDEN NAME <i>Frances Amelia Paul</i>		14. NAME OF HUSBAND OR WIFE <i>Halton H. Holden</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Washellie Roberts E. St Louis, Mo</i>	

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		INTERVAL BETWEEN ONSET AND DEATH  <i>2900</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiac Decompensation</i>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Ferruginous Anemia</i> 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 *12/27/50*, 1950, to *12/27/50*, 1950, that I last saw the deceased alive on *12/27/50*, 1950, and that death occurred at *5:00 A. m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Wm J. Myers M.D.</i>	23b. ADDRESS <i>Lutesville Mo</i>	23c. DATE SIGNED <i>12/20/50</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>12-19-50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park Cem</i>	24d. LOCATION (City, town, or county) (State) <i>Cape Charles, Missouri</i>
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DATE REC'D BY LOCAL REG. <i>Dec. 28 1950</i>	REGISTRAR'S SIGNATURE <i>Willie Vandenburg</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Byglinghoff Funeral Home</i>	ADDRESS <i>Illmo, Mo</i>
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RECEIVED

JAN 3 1951

DISTRICT HEALTH OFFICE No. 6

File No. ....

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: *Ollive P. Smith*

Licensed Embalmer No. 4470

P. O. Address Illinois, 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.