

PAID MAR 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5553

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5905 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Portageville (Rural) Adams		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Portageville	
d. FULL NAME OF HOSPITAL OR INSTITUTION.		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Minnie	b. (Middle) Lee	c. (Last) Holland	4. DATE OF DEATH (Month) (Day) (Year) Feb 18, 1951
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb 29, 1924	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HOURS Min. 26 11 19
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY housewife	11. BIRTHPLACE (State for foreign country) Burnsville, Mississippi	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry M. Lambert	13b. MOTHER'S MAIDEN NAME Dollie Gray	14. NAME OF HUSBAND OR WIFE Floyd F. Holland
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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. ?	17. INFORMANT'S SIGNATURE OR NAME Mrs Henry Lambert, Portageville, Mo.	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Post-Partum Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 6.7.26
	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.		

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) Portageville Pemiscot Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **17 Feb, 1951**, to **17 Feb, 1951**, that I last saw the deceased alive on **17 Feb, 1951**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. A. Hunter MD	23b. ADDRESS Portageville Mo	23c. DATE SIGNED 2-21-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 20, 1951	24c. NAME OF CEMETERY OR CREMATORY Portageville Cemetery	24d. LOCATION (City, town, or county) (State) Portageville, Missouri
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DATE REC'D BY LOCAL REG. 2-26-51	REGISTRAR'S SIGNATURE John W German 406	25. FUNERAL DIRECTOR'S SIGNATURE DeLisle Funeral Parlor	ADDRESS Portageville, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

7780

7780

2-51-67

FEB 27 1951

J. B. Doecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Herbert J. San Jr.*
Licensed Embalmer No. *4800*

P. O. Address *Portageville, 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.