

No. 300
10.48
5860

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9655

State File No.

FILED MAR 20 1951

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>POTNAM</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>POTNAM</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>UNIONVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>UNIONVILLE</u>	
c. LENGTH OF STAY (in this place) <u>ABOUT 70 YRS.</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

0860
A

3. NAME OF DECEASED (Type or Print) a. (First) <u>HOMER</u> b. (Middle) <u>LINDLEY</u> c. (Last) <u>HOLMAN</u>			4. DATE OF DEATH <u>FEBRUARY 22, 1951</u> (Month) (Day) (Year)		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>JUNE 3, 1870</u>		9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PROPRIETOR (RET.)</u>	
11. BIRTHPLACE (State or foreign country) <u>APPANOOSE COUNTY, IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
10b. KIND OF BUSINESS OR INDUSTRY <u>DEPARTMENT STORE</u>					

13a. FATHER'S NAME <u>WILLIAM H. HOLMAN</u>		13b. MOTHER'S MAIDEN NAME <u>MARY COOK</u>		14. NAME OF HUSBAND OR WIFE <u>GRACE HOLMAN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>497-14-4110</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. GRACE HOLMAN</u> ADDRESS <u>UNIONVILLE, MISSOURI</u>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>350x</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Parapneumonia</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)			

19a. DATE OF OPERATION <u>no</u>		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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 1-12-1951, to 2-22-1951, that I last saw the deceased alive on 2-2-1951, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>C. S. McKernan M.D.</u> (Degree or title)		23b. ADDRESS <u>Westerville, Ia</u>		23c. DATE SIGNED <u>2-28-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2/25/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>UNIONVILLE CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>UNIONVILLE, MISSOURI</u>					

DATE REC'D BY LOCAL REG. <u>3-16-51</u>		REGISTRAR'S SIGNATURE <u>Maxwell Darbin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bl. John H. Comstock</u> ADDRESS <u>UNIONVILLE, MO.</u>	
---	--	---	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 28 1962

07

Date Received: MAR 19 1951
DISTRICT HEALTH OFFICE #2
District File Number 3-51-562
Date Filed: MAR 19 1951

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 *Richard P. Caswell*

Licensed Embalmer No. *4617*

P. O. Address *Unionville, N.C.*

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.