

FILED APR 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13512**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **5935** Registrar's No. **135**

1. PLACE OF DEATH  
a. COUNTY **Pettis**  
b. CITY (If outside corporate limits, write RURAL and give township) **Sedalia**  
c. LENGTH OF STAY (In this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION **Route # 5**

2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission)  
a. STATE **Missouri** b. COUNTY **Pettis**  
c. CITY (If outside corporate limits, write RURAL and give township) **Sedalia**  
d. STREET ADDRESS (If rural, give location) **Route # 5**

3. NAME OF DECEASED  
a. (First) **ANNIE** b. (Middle) **E.** c. (Last) **HOLMAN**  
4. DATE OF DEATH **April 11, 1951**

5. SEX **Fe** 6. COLOR OR RACE **W** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **July 31, 1876** 9. AGE (In years last birthday) **74** Months Days Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Own home** 11. BIRTHPLACE (State or foreign country) **Syracuse, Missouri** 12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME **Alexander Stuart** 13b. MOTHER'S MAIDEN NAME **Christina Thompson** 14. NAME OF HUSBAND OR WIFE **Henry Holman**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME **Henry Holman, RR#5, Sedalia, Mo** ADDRESS

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, asphyxia, etc. It means the disease, injury, or complication which caused death.  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) **Uremic poison**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **Infection of kidneys**  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
INTERVAL BETWEEN ONSET AND DEATH  
**2 mo**  
**1 yr -**

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES  NO

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) **10002**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ~~1950~~ **1950**, to **4/11, 1951**, that I last saw the deceased alive on **4/1, 1951**, and that death occurred at **2 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE **[Signature]** (Degree or title) 23b. ADDRESS **Sedalia Mo** 23c. DATE SIGNED **4/13/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **April 13, 1951** 24c. NAME OF CEMETERY OR CREMATORY **Crown Hill** 24d. LOCATION (City, town, or county) (State) **Sedalia, Mo**

DATE REC'D BY LOCAL REG. **4-13-1951** REGISTRAR'S SIGNATURE **[Signature]** 25. FUNERAL DIRECTOR'S SIGNATURE **[Signature]** ADDRESS **Sedalia, Mo**

(Licensed Embalmer's Statement on Reverse Side)

GILLESPIE FUNERAL HOME  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**RECEIVED** 4-25-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 4-25-51

**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. ....

**D. W. HECKART**  
GILLESPIE FUNERAL HOME  
SEDALIA, MISSOURI

Signed.....  
Student Embalmer

*D. W. Heckart*

Licensed Embalmer No. 3470

P. O. Address Sedalia, 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.