

FILED MAY 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15463
State File No.

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 130

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Mercer</u>	
b. CITY OR TOWN <u>Kirksville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mercer</u> <u>8650</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kirksville Osteopathic Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harve</u>		b. (Middle) <u>Holmes</u> c. (Last) <u>Holmes</u>	
4. DATE OF DEATH <u>May 5 1951</u>		5. SEX <u>M</u> 6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER (MARRIED,) WIDOWED, DIVORCED (Specify) <u>1</u>		8. DATE OF BIRTH <u>May 29, 1870</u>	
9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Isam Holmes</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Sarah Holmes</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Sarah Holmes Powersville, Mo</u>		ADDRESS <u>Powersville, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES DUE TO (b) <u>Pyonephritis</u> DUE TO (c) <u>Hypertrophy of Prostate</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>senility</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>610X</u>	
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) (Min.)	
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 <u>April 3, 1951</u> , to <u>May 5, 1951</u> , that I last saw the deceased alive on <u>5-5-51</u> , 19 <u>51</u> , and that death occurred at <u>3:20 am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>Kirksville, Mo.</u>	
23c. DATE SIGNED <u>5-5-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>May 6, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Freedom Ceme.</u>	
24d. LOCATION (City, town, or county) (State) <u>Mercer Co., Mo.</u>		DATE REC'D BY LOCAL REG. <u>5-15-51</u>	
REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Martin Funeral Home Princeton, Mo.</u>	

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

013
0

Date Received: **MAY 22 1951**
DISTRICT HEALTH OFFICE #2
District File Number *5-57-970*
Date Filed: **MAY 22 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..... *John Martin*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *3760*.....

P. O. Address *Princeton, 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.