

FILED JUL 5 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19955**

BIRTH NO. _____ REG. DIST. NO. 136 PRIMARY REG. DIST. NO. 5501 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Harrison County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>County</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Washington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Washin ton 0410</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>		d. STREET ADDRESS (If rural, give location) <u>" Washin ton</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Cora Bell</u> b. (Middle) <u>Holmes</u> c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>6-16-1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>9-17-1867</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>29</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Harrison Co.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Amocy Woodman</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Miller</u>	14. NAME OF HUSBAND OR WIFE <u>C. E. Holmes</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Sam Smith</u>	ADDRESS <u>Harrison Co.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 wks.</u> <u>3 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemiplegia left side</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension, nephritis</u> DUE TO (c) _____		
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>593X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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 June 14, 1951, to June 16, 1951, that I last saw the deceased alive on June 15, 1951, and that death occurred at 4:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>S. M. O'Connell</u>	(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Bethany Mo.</u>	23c. DATE SIGNED <u>6-18-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/18/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>	24d. LOCATION (City, town, or county) (State) <u>Harrison Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6/26-51</u>	REGISTRAR'S SIGNATURE <u>Florence C. Powell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. H. H.</u>	ADDRESS <u>Bethany Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.

Signed W. B. Shaw

Signed _____
Student Embalmer

Licensed Embalmer No. 3899

P. O. Address Bethany, 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.