No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 26 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20945

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3053 Registrar's No. 207

1. PLACE OF DEATH

a. COUNTY: Pettis

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia

c. LENGTH OF STAY (In this place): 40yrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 211 E. Morgan

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).

a. STATE: Missouri

b. COUNTY: Pettis

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia 0804

d. STREET ADDRESS (If rural, give location): 211 E. Morgan

3. NAME OF DECEASED (Type or Print): a. (First) Maude b. (Middle) Lee c. (Last) Holmes

4. DATE OF DEATH (Month) (Day) (Year): June 19, 1951

5. SEX: Female

6. COLOR OR RACE: Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 12, 1884

9. AGE (In years last birthday): 66 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

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): Jefferson City, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Price Revis

13b. MOTHER'S MAIDEN NAME: Lillian Lewis

14. NAME OF HUSBAND OR WIFE: Charles Holmes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME: Mrs. Violet Alston ADDRESS: Kansas City, Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of Liver — INTERVAL BETWEEN ONSET AND DEATH: Dont Know

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Malignancy Large Intestines — Dont Know

DUE TO (c) — Dont Know

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: 153X

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

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* Nov, 1950, *to* June 19th, 1951, *that I last saw the deceased alive on* June 11th, 1951, *and that death occurred at* 10:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Waite H. Madison (Degree or title) M.D.

23b. ADDRESS: Marshall, Mo.

23c. DATE SIGNED: 6-20-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 22, 1951

24c. NAME OF CEMETERY OR CREMATORY: Crown Hill Annex

24d. LOCATION (City, town, or county) (State): Sedalia Mo

DATE REC'D BY LOCAL REG.: 6/22/1951

REGISTRAR'S SIGNATURE: R. C. Campbell M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Sedalia Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 6-25-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 6-25-51

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. _____

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. 4745

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.