

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 8 - 1951

BIRTH NO. _____		REG. DIST. NO. <u>270</u>		PRIMARY REG. DIST. NO. <u>3050</u>		Registrar's No. <u>3376</u>			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
a. COUNTY <u>Remick</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Caruthersville</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Remick</u>			
c. LENGTH OF STAY (in this place) <u>11 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Caruthersville</u>		d. STREET ADDRESS (If rural, give location) <u>Road of Highland 420</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION _____									
3. NAME OF DECEASED			4. DATE OF DEATH						
a. (First) <u>Thomas</u>			b. (Middle) <u>HOLMAN</u>			c. (Last) _____			
(Type or Print)			DATE (Month) (Day) (Year)			<u>Aug 29-1951</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>May-27-1896</u>			
9. AGE (In years last birthday) _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labour</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Newport Mississippi</u>			
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Thomas A. Holman</u>			13b. MOTHER'S MAIDEN NAME <u>Widener</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Mary Bailey</u>			
(If yes, give war or dates of service)			17. ADDRESS <u>205 Carlton Ave</u>						
18. CAUSE OF DEATH				MEDICAL CERTIFICATION					
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cornary Occlusion</u>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES					
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
				DUE TO (b) _____					
				DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. <u>Atherosclerosis</u>					
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____					
19c. (Specify) _____				20. (AUTOPSY?) <u>4201</u>					
21a. ACCIDENT SUICIDE - HOMICIDE				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 <u>Aug 27, 1951</u> , to <u>Aug 27, 1951</u> , that I last saw the deceased alive on <u>Aug 27, 1951</u> , and that death occurred at <u>5:20 pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>C. J. Cain</u>				23b. ADDRESS <u>Caruthersville</u>				23c. DATE SIGNED <u>8/31/51</u>	
(Degree or title)									
24a. BURIAL, CREMATION-REMOVAL (Specify) <u>Burial</u>				24b. DATE <u>8/29/51</u>				24c. NAME OF CEMETERY OR CREMATORY <u>St. Marys P.D. Caruthersville</u>	
24d. LOCATION (City, town, or county) _____ (State) _____									
DATE REC'D BY LOCAL REG. <u>9-6-1951</u>				REGISTRAR'S SIGNATURE <u>Hessie B. Wilson</u>				24e. FUNERAL DIRECTOR'S SIGNATURE <u>La Forge</u>	
				ADDRESS <u>Caruthersville</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

9-51-214
Rec. SEP 6 1951

SEP 26 1951

E. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

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 _____

CHARLES E. MUNGLE

Student Embalmer No. 423

working under my personal supervision.

Student

Charles E. Mungle
Student Embalmer

Signed

Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address

Caruthersville, 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.