

FILED SEP 4 1951

STANDARD CERTIFICATE OF DEATH

State File No. 29257

BIRTH NO. _____		REG. DIST. NO. <u>347</u>		PRIMARY REG. DIST. NO. <u>6162</u>		Registrar's No. <u>40</u>	
1. PLACE OF DEATH a. COUNTY <u>Stone</u> <u>1040</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Reeds Springs</u>		c. LENGTH OF STAY (In this place) <u>2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Reeds Springs</u> <u>1040</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>O</u> c. (Last) <u>Holt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 10-1951</u>				
5. SEX <u>m</u>		6. COLOR OR RACE <u>wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>April 19-1877</u>	
9. AGE (In years last birthday) <u>74-3-21</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stock</u>		9. AGE (In years) UNDER 1 YEAR Months Days Hours Min. <u>74-3-21</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Crane O mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James F. Holt</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Couch</u>		14. NAME OF HUSBAND OR WIFE <u>Alex Holt</u>			
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 ADDRESS <u>Mrs. Alex Holt - Reeds Springs</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetis</u> DUE TO (c)				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u> <u>2 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) <u>260x</u>			
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>Jan 1</u> , 1951, to <u>Aug 10</u> , 1951, that I last saw the deceased alive on <u>Aug 10</u> , 1951, and that death occurred at <u>10:30 am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J.S. Shwinste MD</u> (Degree or title)				23b. ADDRESS <u>Reeds Springs Mo.</u>		23c. DATE SIGNED <u>Aug 13/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 14-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Eisenhaus</u>		24d. LOCATION (City, town, or county) (State) <u>Salena mo. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 13-51</u>		REGISTRAR'S SIGNATURE <u>Mrs. J. E. Linn</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Evelyn D. Cheatham - Salena mo.</u>			

perdona murray
Licensed Embalmer's Statement on Reverse Side

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED AUG 21 1951

Dist. File 851-1566

Date Filed 8-28-51

Everett J. Cheatham
2/10

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 Everett J. Cheatham

Signed.....
Student Embalmer

Licensed Embalmer No. 3870

P. O. Address Galena 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.