

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 29982  
*Open*

FILED OCT 1 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 827

0396

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

0396

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>6 yr</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>616 W. Webster</u>		d. STREET ADDRESS (If rural, give location) <u>616 W Webster</u>	

3. NAME OF DECEASED (Type or Print) <u>Esther Anna Holmes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 26-51</u>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec 12 1872</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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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>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Muscataine Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Vernik</u>	13b. MOTHER'S MAIDEN NAME <u>Christine Narvis</u>	14. NAME OF HUSBAND OR WIFE <u>W.H. 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>xxx</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Barbara Cunningham Spfd, Mo</u>	ADDRESS
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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, 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>		INTERVAL BETWEEN ONSET AND DEATH <u>one year</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Vascular Disease</u>		
	DUE TO (c)		
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 <u>331X</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)	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 9-21, 1951, to 9-26, 1951, that I last saw the deceased alive on 9-21, 1951, and that death occurred at 5:00 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. K. Pope MD</u>	23b. ADDRESS <u>Springfield Mo</u>	23c. DATE SIGNED <u>9-26-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-28-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hazelwood Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo</u>
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DATE REC'D BY LOCAL REG. <u>9/27/51</u>	REGISTRAR'S SIGNATURE <u>W.E. Handley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gorman-Scharpi Funeral Home</u>	ADDRESS <u>Springfield, Mo</u>
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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.....

*John R. Carey*  
.....  
working under my personal supervision.

Signed *John R. Carey*.....  
Student Embalmer

Student Embalmer No. *426*.....

Signed *Leah J. Gorman*.....

Licensed Embalmer No. *3177*.....

P. O. Address *Springfield 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.