

FILED SEP 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30839**

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **301**

644

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) Hannibal	
c. LENGTH OF STAY (In days) 1 day		d. STREET ADDRESS (If rural, give location) 3301 Market	
d. FULL NAME OF HOSPITAL OR INSTITUTION t. Elizabeth Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Albert Sydney b. (Middle) Holme c. (Last) s			4. DATE OF DEATH (Month) (Day) (Year) September 8, 1951		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH September 11, 1872	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 11	IF UNDER 1 YEAR Days 27	IF UNDER 1 YEAR Hours 	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer	10b. KIND OF BUSINESS OR INDUSTRY XX	11. BIRTHPLACE (State or foreign country) Hannibal Missouri	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME Edward Morton Holmes	13b. MOTHER'S MAIDEN NAME Catherine Bridgeford	14. NAME OF HUSBAND OR WIFE None
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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)	16. SOCIAL SECURITY NO. 	17. INFORMANT'S SIGNATURE OR NAME Mrs. C.M. Hard	ADDRESS Hannibal Missouri
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension 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 331X	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) (Min.)	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 **9-7-51**, 19**51**, to **9-8-51**, 19**51**, that I last saw the deceased alive on **9-8-51**, 19**51**, and that death occurred at **4:55 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. K. Walters chief M.D.	23b. ADDRESS 508 Broadway Hannibal Mo	23c. DATE SIGNED 9-12-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/10/51	24c. NAME OF CEMETERY OR CREMATORY Mount Olivet	24d. LOCATION (City, town, or county) (State) Hannibal Missouri
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DATE REC'D BY LOCAL REG. 9-17-51	REGISTRAR'S SIGNATURE Dr. E.M. Lucke By W.C. Fisher	25. FUNERAL DIRECTOR'S SIGNATURE H. Crawford Smith	ADDRESS Hannibal Missouri
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(Licensed Embalmer's Statement on Reverse Side)

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

Walters chief

RECEIVED SEP 18 1951
MARION CO. HEALTH DEPT.
DATE FILED SEP 21 1951

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.....
Student Embalmer

Signed *H. Crawford Smith*.....

Licensed Embalmer No. 3814

P. O. Address Hammel 440

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.