

FILED OCT 10 1951

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31148**

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **237**

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly	
c. LENGTH OF STAY (in this place) 32 yrs.		d. STREET ADDRESS (If rural, give location) 626 Garfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION 626 Garfield			

3. NAME OF DECEASED (Type or Print)	a. (First) Amelia	b. (Middle) Beatrice	c. (Last) Holman	4. DATE OF DEATH (Month) (Day) (Year) October 3, 1951
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) widowed	8. DATE OF BIRTH April 15, 1865	9. AGE (in years last birthday) 86	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (State or foreign country) Randolph County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Joseph S. Wolverton	13b. MOTHER'S MAIDEN NAME Sarah Catherine Carter	14. NAME OF HUSBAND OR WIFE Robert S. Holman
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME Olion R. Holman; Moberly, Mo.	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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 yr D.K.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerotic 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 none	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) m.	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 Jan 10, 1948, to Oct 1, 1951, that I last saw the deceased alive on Oct 1, 1951, and that death occurred at 5 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. Dreyer M.D.	23b. ADDRESS Huntsville Mo	23c. DATE SIGNED 10/4/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 10-5-1951	24c. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery	24d. LOCATION (City, town, or county) (State) N. of Thomas Hill, Mo.
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DATE REC'D BY LOCAL REG. 10-5-51	REGISTRAR'S SIGNATURE Seah Williams	25. FUNERAL DIRECTOR'S SIGNATURE J.B. Patton Sons	ADDRESS Huntsville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: OCT 9 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-51-1789
Date Filed: OCT 9 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Paul J. Patton

Licensed Embalmer No. 4095

P. O. Address *Huntsville, 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.