

FILED OCT 24 1951

STANDARD CERTIFICATE OF DEATH

State File No. 32788
Registrar's No. 292

BIRTH NO. _____		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 3008		Registrar's No. 292	
1. PLACE OF DEATH a. COUNTY Callaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Fulton		c. LENGTH OF STAY (in this place) 19 Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mc Credie 0140			
d. FULL NAME OF HOSPITAL OR INSTITUTION Callaway Hospital				d. STREET ADDRESS (If rural, give location) 1			
3. NAME OF DECEASED (Type or Print) a. (First) Billy		b. (Middle) Harvey		c. (Last) Holsman		4. DATE OF DEATH (Month) (Day) (Year) Oct, 17, 1951	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married 0		8. DATE OF BIRTH March 3, 1934		9. AGE (In years last birthday) 17	IF UNDER 1 YEAR Months 7 Days 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School boy		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Robert W. Holsman		13b. MOTHER'S MAIDEN NAME Goldie Langley		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Goldie Johns, Mexico, Missouri ADDRESS			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) Polycythemia, secondary DUE TO (c) Congenital Heart Disease - Eisenmenger's Syndrome II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 4 days Many years 17 yrs - 7 mo.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7542				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
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 Jun 6, 1951, to Oct. 17, 1951, that I last saw the deceased alive on Oct 16, 1951, and that death occurred at 7:10 A.M., from the causes and on the date stated above.							
22a. SIGNATURE Patricia J. Lanier, M.D. (Degree or title)				23b. ADDRESS 607 Court St., Fulton		23c. DATE SIGNED 90/18/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0		24b. DATE 10/19/1951	24c. NAME OF CEMETERY OR CREMATORY Elmwood		24d. LOCATION (City, town, or county) (State) Mexico, Missouri		
DATE REC'D BY LOCAL REG. Oct 20-1951		REGISTRAR'S SIGNATURE Margetta Lawrence 426		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Maxine Funeral Home, Fulton, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 21 1951

RECEIVED

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

J. J. Keston

Licensed Embalmer No. 2555

P. O. Address Fuller 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.