

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1310

State File No. ....

476

FILED FEB 9 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>40 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>1023 FOREST</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>TROOST AVE. NURSING HOME</u>			

3. NAME OF DECEASED a. (First) <u>Sabra</u> (Type or Print) <u>SABRA</u>	b. (Middle) _____	c. (Last) <u>HOLT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN - 29 - 1952</u>
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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>Oct 25 - 1890</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MACH. OPERATOR</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>K.C. WHITE Goods Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Goode</u>	13b. MOTHER'S MAIDEN NAME <u>HANNIE C. OWENS</u>	14. NAME OF HUSBAND OR WIFE <u>HERMAN HOLT</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>495-03-6676</u>	17. INFORMANT'S SIGNATURE OR NAME <u>HERBERT JOHNSON</u> ADDRESS <u>K.C. Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>4201</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis</u>		
	DUE TO (c) <u>Compression Trx Spine</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)
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 Jan 25, 1951, to 1-29, 1952, that I last saw the deceased alive on Jan 27, 1952, and that death occurred at 11:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Anna Boutros</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>416 Argyle Bldg K.C. Mo.</u>	23c. DATE SIGNED <u>1-30-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>JAN 29 1952</u>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <u>Plattsburg, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-30-52</u>	REGISTRAR'S SIGNATURE <u>Jeraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. H. Blackman &amp; Son Inc.</u> ADDRESS <u>K.C. Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 \_\_\_\_\_

*W. C. Rinne*

working under my personal supervision.

Student Embalmer No. *409*

Signed *W. C. Rinne*  
Student Embalmer

Signed *Bert B. Bennett*

Licensed Embalmer No. *4656*

P. O. Address *H. C. 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.