

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

3597

BIRTH NO. _____		REG. DIST. NO. 324	PRIMARY REG. DIST. NO. 6093	Registrar's No. 19
1. PLACE OF DEATH a. COUNTY <i>Saline</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Shelby</i>		
b. CITY OR TOWN <i>Rural Marshall</i>	c. LENGTH OF STAY (in this place) <i>1-10-7</i>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Bethel 1020</i>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mo State School</i>		d. STREET ADDRESS (If rural, give location) <i>1</i>		
3. NAME OF DECEASED (Type or Print) <i>Olipton Leman Holderleath</i>		a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH <i>Jan 22 1952</i>		(Month) (Day) (Year)		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>never married</i>	8. DATE OF BIRTH <i>July 31 1935</i>	9. AGE (in years last birthday) <i>18</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>—</i>	11. BIRTHPLACE (State or foreign country) <i>Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13a. FATHER'S NAME <i>Lytle Holderleath</i>		13b. MOTHER'S MAIDEN NAME <i>Lama Lee Robertson</i>	14. NAME OF HUSBAND OR WIFE <i>never married</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>r</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Revered Mo State School</i> ADDRESS <i>Marshall Mo</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Dysentery</i>		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		
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) m.	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 <i>March 19 50</i> to <i>Jan 22, 1952</i> that I last saw the deceased alive on <i>1-22</i> , 19 <i>52</i> and that death occurred at <i>7:25 pm.</i> , from the causes and on the date stated above.				
23a. SIGNATURE <i>D. S. Salzer, M.D. Davidson Md.</i> (Degree or title)		23b. ADDRESS <i>Marshall Mo</i>	23c. DATE SIGNED <i>1/22/52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>1/24/52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Pleasant Grove</i>	24d. LOCATION (City, town, or county) (State) <i>Rural Bethel Mo.</i>	
DATE REC'D BY LOCAL REG. <i>Jan. 23-1952</i>	REGISTRAR'S SIGNATURE <i>Ridney T. Gray</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>C. W. Magnuson - Bethel, Mo.</i> ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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

2970

FILED JAN 29 1952

RECEIVED JAN 28 1952

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed JAN 28 1952 _____

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.

Signed J. Leslie Sweeney

Signed _____
Student Embalmer

Licensed Embalmer No. 3235

P. O. Address Marshall, W.

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.