

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **7410**

FILED MAR 17 1952

BIRTH NO. REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **279**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Holt</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Liberty Twp. 0440</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Meth. Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>Near Mound City</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Minnie</b> b. (Middle) <b>Elizabeth</b> c. (Last) <b>Holmes</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 12, 1952</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>July 12, 1881</b>
9. AGE (In years - last birthday) <b>70</b>		IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>In the home</b>	11. BIRTHPLACE (State or foreign country) <b>Iowa</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Phillip Henn</b>	
13b. MOTHER'S MAIDEN NAME <b>Anna E. Roub</b>		14. NAME OF HUSBAND OR WIFE <b>Harvey J. Holmes</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Glen Nauman Mound City, Mo.</b>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio Sclerotic Heart Disease 8 yrs. + Congestive Failure</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Coronary Atherosclerosis</b> DUE TO (c) <b>Arrhythmia</b> II. OTHER SIGNIFICANT CONDITIONS <b>Arrhythmia, Atherosclerosis</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4200</b>	
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) (Min.)		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 <b>Feb - 27, 1952, to March 11, 1952</b> , that I last saw the deceased alive on <b>Mar - 10, 1952</b> , and that death occurred at <b>12:45 am.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>T. R. Howden M.D.</b>		23b. ADDRESS <b>620 Franklin</b>	
23c. DATE SIGNED <b>3-14-52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3/15/1952</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>New Liberty Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Mound City, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>MAR 14, 1952</b>		REGISTRAR'S SIGNATURE <b>Carl C. Casper</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>James H. Crawford</b>		ADDRESS <b>Mound City, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 25 1937

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 *James H. Crawford*  
Licensed Embalmer No. *4796*

P. O. Address. *Mound City, 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.