

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7667

State File No.

FILED MAR 31 1952

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5182 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Cape Gir	
b. CITY (If outside corporate limits, write RURAL and give town) Rural Shawnee	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) Rural Shawnee	0160
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson Mo R F D I		d. STREET ADDRESS (If rural, give location) Jackson Mo R I	

3. NAME OF DECEASED (Type or Print)	a. (First) Bert	b. (Middle)	c. (Last) Holmes	4. DATE OF DEATH (Month) (Day) (Year)
				Mar 27 1952

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 21 1878	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 5 Days 6	IF UNDER 1 MIN. Hours Min.
-----------------	---------------------------	---	-------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Indiana	12. CITIZEN OF WHAT COUNTRY? U S A
---	-----------------------------------	--	---

13a. FATHER'S NAME Elex Holmes	13b. MOTHER'S MAIDEN NAME Not Known	14. NAME OF HUSBAND OR WIFE Luna Cowan
---------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Birt Holmes	ADDRESS Jackson Mo R I
---	-------------------------------------	--	-------------------------------

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 10 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) epilepsy		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) myocardial infarction DUE TO (c) myocarditis		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 334 X	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 1952, to March 27 1952, that I last saw the deceased alive on March 19 52, and that death occurred at 12:05 a.m., from the causes and on the date stated above.

23a. SIGNATURE D. G. Schubert	(Degree or title)	23b. ADDRESS Jackson Mo	23c. DATE SIGNED 3-29-52
--------------------------------------	-------------------	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Bural	24b. DATE Mar 29 1952	24c. NAME OF CEMETERY OR CREMATORY Applecreek	24d. LOCATION (City, town, or county) (State) Pocahontas MO
--	------------------------------	--	--

DATE REC'D BY LOCAL REG Mar 29 52	REGISTRAR'S SIGNATURE D. G. Schubert	FUNERAL DIRECTOR'S SIGNATURE McCombs F & U	ADDRESS Jackson MO
--	---	---	---------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

160
1

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

BA Meyer

Signed.....

Student Embalmer

Licensed Embalmer No. *3057*

P. O. Address *Jackson 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.