No. 300
10.48

FILED APR 8 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8215

BIRTH NO. _____ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 5385 Registrar's No. 7

460

1. PLACE OF DEATH
a. COUNTY Howell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mtn View Mo. (Chapel Hill)
c. LENGTH OF STAY (in this place) 87 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) None (Chapel Hill)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Howell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain View Mo.
d. STREET ADDRESS (If rural, give location) Rural. 0460

3. NAME OF DECEASED (Type or Print) a. (First) Jerry b. (Middle) O. c. (Last) Holden

4. DATE OF DEATH (Month) (Day) (Year) Mch 27. 1952.

5. SEX M.
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Sept 25-1864
9. AGE (In years last birthday) 87 IF UNDER 1 YEAR Months 6 Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (City and State or Foreign Country) Howell Co Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Wesley Holden
13b. MOTHER'S MAIDEN NAME Mary Evans
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO. No.
17. INFORMANT'S SIGNATURE OR NAME Mrs Jim Trauberger ADDRESS Mt View Mo

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) Coronary Heart Disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar, 1950, *to* Mar, 1952, *that I last saw the deceased alive on* Mar 27, 1952, *and that death occurred at* 8 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Stanley Barnum D.O.
23b. ADDRESS Mt View, Mo
23c. DATE SIGNED 4 5 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3/30-1952
24c. NAME OF CEMETERY OR CREMATORY Chappell Hill Cem
24d. LOCATION (City, town, or county) (State) Mtn View Mo

DATE REC'D BY LOCAL REG. 4/5/52
REGISTRAR'S SIGNATURE Laura Mitchell
25. FUNERAL DIRECTOR'S SIGNATURE Hansen Funeral Home ADDRESS Mt View Mo

(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 _____

_____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed John F. Duncan

Licensed Embalmer No. 2516

P. O. Address Mtn View 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.