No. 300
10-48

FILED MAR 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9055

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725 Registrar's No. 17

610
0

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

1. PLACE OF DEATH S.H.O.S.
a. COUNTY Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Macon
c. LENGTH OF STAY (in this place) 1 yr. 5 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Still-Hildreth Sana.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo.
b. COUNTY Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Joseph 0117
d. STREET ADDRESS (If rural, give location) 620a N 24th 1

3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) Holme c. (Last) Hurst

4. DATE OF DEATH (Month) (Day) (Year) Feb. 24, 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Dec. 25, 1868
9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

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

13a. FATHER'S NAME James Harry Holme
13b. MOTHER'S MAIDEN NAME Jamima Dumville
14. NAME OF HUSBAND OR WIFE Elisha G. Hurst

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME James Harry Hance ADDRESS St. Joseph, 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) Sepsis

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

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

INTERVAL BETWEEN ONSET AND DEATH: 5 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 480X
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* Oct. 1, 1951, *to* Feb. 24, 192, *that I last saw the deceased alive on* Feb. 24, 1952, *and that death occurred at* 1:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE Dr. M. Mulkin, D.O. (Degree or title)
23b. ADDRESS S.H.O.S.
23c. DATE SIGNED 2/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 2/24/52
24c. NAME OF CEMETERY OR CREMATORY Memorial Park
24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.

DATE REC'D BY LOCAL REG. 3/4/52
REGISTRAR'S SIGNATURE Ruth McNeely 185-1
25. FUNERAL DIRECTOR'S SIGNATURE Albert Skinner ADDRESS Macon

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 3-16-52
MACON COUNTY HEALTH DEPARTMENT
County File No. 3-52-49
Date Filed 3-18-52

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 Allant S Kummer

Signed _____
Student Embalmer

Licensed Embalmer No. 75-1

P. O. Address Macon 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.