V.S. No. 300
REV. 10.48

FILED JUN 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21216

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 4322 Registrar's No. 34

0650

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

1. PLACE OF DEATH
a. COUNTY: Mercer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Princeton
c. LENGTH OF STAY (In this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lambert Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Putnam
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-York Twp. 0863
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print)
a. (First): Shirley
b. (Middle): Rae
c. (Last): Holmes

4. DATE OF DEATH (Month) (Day) (Year): June 7-1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Oct. 23, 1935
9. AGE (In years last birthday): 16 — 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): School Child
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Sullivan Co. Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Arrell Holmes
13b. MOTHER'S MAIDEN NAME: Hazel Barnett
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): X
(If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: X
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Arrell Holmes, Powersville, 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) Osteogenic Sarcoma — INTERVAL BETWEEN ONSET AND DEATH: 2 years

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 196X
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* Feb 7, 1951 *to* June 7, 1952, *that I last saw the deceased alive on* June 7, 1952, *and that death occurred at* 12:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Marian Lambert M.D.
23b. ADDRESS: Princeton, Mo.
23c. DATE SIGNED: 6/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-10-52
24c. NAME OF CEMETERY OR CREMATORY: Harris Ceme.
24d. LOCATION (City, town, or county) (State): Sullivan Co. Mo.

DATE REC'D BY LOCAL REG.: 6-12-52
REGISTRAR'S SIGNATURE: [signature] 393-0
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Martin Funeral Home Princeton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Ivan Martin

Licensed Embalmer No. 3760

P. O. Address Princeton, 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.