

STANDARD CERTIFICATE OF DEATH

FILED AUG 1 1952

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>178</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>		c. LENGTH OF STAY (in this place) <u>8 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Troy</u>		<u>MO 65703</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Charles G. Still Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>650 Boone St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Julia</u>		b. (Middle) <u>Williamson</u>		c. (Last) <u>Holmes</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 22 52</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct 24 1962</u>	
9. AGE (In years last birthday) <u>89</u>		10. MONTHS <u>8</u>		11. BIRTHPLACE (State or foreign country) <u>Lincoln county, Mo. America</u>		12. CITIZEN OF WHAT COUNTRY?	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Henry Clay Duncan (Duncan)</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth</u>			14. NAME OF HUSBAND OR WIFE <u>Charles A. Holmes</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE AND ADDRESS <u>Etta May Gehlany Jefferson City</u>	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Left ventricular failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u>					
		DUE TO (c) <u>Fracture of right hip</u>				<u>11 days</u>	
		II. OTHER SIGNIFICANT-CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio-sclerosis</u>				<u>10 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) <u>126</u>			
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 <u>July 12, 1952</u> , to <u>July 22, 1952</u> , that I last saw the deceased alive on <u>July 21, 1952</u> , and that death occurred at <u>6:30 PM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Boucher</u>				23b. ADDRESS <u>Jefferson City, Mo.</u>		23c. DATE SIGNED <u>7-22-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 25, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Troy Mo Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Troy, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 24-52</u>				REGISTRAR'S SIGNATURE <u>R. P. Norris MD-MR</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Victor Boucher Jefferson City, Mo.</u>	

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

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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 Victor Buscher

Licensed Embalmer No. 3701

P. O. Address Jefferson 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.