

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25086**

REC'D JUL 17 1952

BIRTH NO. _____		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 3043		Registrar's No. 2405	
1. PLACE OF DEATH a. COUNTY Marion <i>0-644</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Marion <i>0644</i>			
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Hannibal		d. STREET ADDRESS (If rural, give location) 203 North Maple	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence 203 North Maple				d. STREET ADDRESS (If rural, give location) 203 North Maple			
3. NAME OF DECEASED (Type or Print) Luna Stevens Holme			4. DATE OF DEATH July 6, 1952			5. SEX Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH January 22, 1870		9. AGE (In years last birthday) 82	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY XX		11. BIRTHPLACE (City and State or Foreign Country) Hannibal Missouri		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME Dr. B. O. Stevens		13b. MOTHER'S MAIDEN NAME Hattie McLeod		14. NAME OF HUSBAND OR WIFE John T. Holme (deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. B. H. Hickman Hannibal Missouri			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) circulatory insufficiency atrophic cirrhosis of liver ANTECEDENT CAUSES cardeo vascular renal disease general DUE TO (b) myocardial insufficiency DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH 6 months 9 months 2 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442X				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)			
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 Oct, 1950 , to July, 1952 , that I last saw the deceased alive on July 6, 1952 , and that death occurred at 2:35 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) F. E. Sultzman M.D.				23b. ADDRESS HANNIBAL MO		23c. DATE SIGNED July 8 52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/9/1952		24c. NAME OF CEMETERY OR CREMATORY Mount Olivet		24d. LOCATION (City, town, or county) (State) Hannibal Missouri	
DATE REC'D BY LOCAL REG. 7-10-52		REGISTRAR'S SIGNATURE R. E. M. Lucke			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hannibal Missouri		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 15 1952
MARION CO. HEALTH DEPT.
DATE FILED JUL 1, 1952

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 *H. C. Campbell*.....

Licensed Embalmer No. 3814.....

P. O. Address Hannibal Missouri.....

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.