No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28984

FILED AUG 13 1952

BIRTH NO. 53 294 REG. DIST. NO. 225 PRIMARY REG. DIST. NO. 3053 Registrar's No. 153

1. PLACE OF DEATH
a. COUNTY: Phelps
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rolla
c. LENGTH OF STAY (In this place): 6 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Phelps County Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Phelps
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rolla 0812
d. STREET ADDRESS (If rural, give location): M.S.M. Apt. 7 0

3. NAME OF DECEASED (Type or Print)
a. (First): MICHAEL
b. (Middle): KEITH
c. (Last): HOLDER

4. DATE OF DEATH (Month) (Day) (Year): Aug. 11, 1952

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): -- 11

8. DATE OF BIRTH: August 11, 1952

9. AGE (In years last birthday): -
If under 1 year: Months -, Days -
If under 24 hrs.: Hours 6, Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): --

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (City and State or Foreign Country): Rolla, Missouri 0

12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Jerry B. Holder

13b. MOTHER'S MAIDEN NAME: Joycelyn Hicks

14. NAME OF HUSBAND OR WIFE: --

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 OR NAME: Jerry B. Holder
ADDRESS: Rolla, 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) Anoxia — INTERVAL BETWEEN ONSET AND DEATH: 5 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congenital Adrenal Insufficiency — 5 hrs.
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 274X

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* 1:00 am 8/11 *1952, to* 5:50 am 8/11, *1952, that I last saw the deceased alive on* 8/11, *1952, and that death occurred at* 6:50 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Barbara E. Russell, M.D.

23b. ADDRESS: Rolla, Missouri

23c. DATE SIGNED: Aug. 11, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Aug. 12, 1952

24c. NAME OF CEMETERY OR CREMATORY: Rolla Cemetery

24d. LOCATION (City, town, or county) (State): Rolla, Mo.

DATE REC'D BY LOCAL REG.: Aug 11, 1952

REGISTRAR'S SIGNATURE: Nadine L. Stoll 380

25. FUNERAL DIRECTOR'S SIGNATURE: Paul E. Null
ADDRESS: Rolla, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number _____

Date Filed 8-18-52

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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.