

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30966**

FILED SEP 22 1952

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 296

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

1. PLACE OF DEATH a. COUNTY <u>South CAPE GIRARDEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Alexander</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cairo</u> <u>8120</u>	
c. LENGTH OF STAY (in this place) <u>13 days</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. # 1 Box 218</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hamp</u>		b. (Middle) _____ c. (Last) <u>Holder</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>9--12--1952</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 4 1870</u>
9. AGE (In years last birthday) <u>82</u>		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) <u>Old age assistance</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Hulka Mississippi</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Bird Holder</u>		13b. MOTHER'S MAIDEN NAME <u>Molly ?</u>	
14. NAME OF HUSBAND OR WIFE <u>Lenora Holder</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Leon Holder</u>		ADDRESS <u>#1, BOX Cairo</u>	
MEDICAL CERTIFICATION			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive hematuria & hemuria</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CA of prostate and/or bladder 4 mos.</u> DUE TO (c) <u>(pathological report) not back yet</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>9-8-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Suprapubic cystostomy & packing of bladder, marked intubation, hematuria & bleeding profusely - filled entire bladder</u>	
20. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., home, farm, factory, street, office bldg., etc.)	
21a. TIME OF INJURY (Month) (Day) (Year) (Hour)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR <u>177X</u>	
22. I hereby certify that I attended the deceased from <u>8-30</u> , 19 <u>52</u> , to <u>9-12</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>9-12</u> , 19 <u>52</u> , and that death occurred at <u>2:50 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>L. A. Seabaugh, M.D.</u> (Degree or title)		23b. ADDRESS <u>807 A Broadway Cape Girardeau, Mo.</u>	
23c. DATE SIGNED <u>9/15-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal & burial</u>		24b. DATE <u>9/16/52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln</u>		24d. LOCATION (City, town, or county) (State) <u>Mounds, Alexander; Ill.</u>	
DATE REC'D BY LOCAL REG. <u>9-15-52</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. S. Waldron</u> ADDRESS <u>1907 Walnut Cairo Ill.</u>	

LOUISIANA STATE BOARD OF HEALTH

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 C. S.

Donaldson

Student Embalmer No. 473

working under my personal supervision.

Signed C. S. Donaldson
Student Embalmer

Signed Fred G. Smith
Licensed Embalmer No. 4408

P. O. Address Sikeston 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.