

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31370

State File No.

S. No. 300
V. 10.48

FILED OCT 14 1952

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5458 Registrar's No. 900

D390

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

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| 1. PLACE OF DEATH: a. COUNTY <u>Greene</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Walnut Grove</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Walnut Grove</u> | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>LUCY</u> | | b. (Middle) <u>E.</u> | | c. (Last) <u>HOLDER</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 4 1952</u> | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | | 8. DATE OF BIRTH <u>Nov. 12, 1891</u> | |
| 9. AGE (in years last birthday) <u>60</u> | | IF UNDER 1 YEAR Months | | IF UNDER 2 HRS. Hours | | IF UNDER 15 MIN. Min. | |
| 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 <u>Home</u> | | 11. BIRTHPLACE (State or foreign country) <u>Walnut Grove, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

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|---|--|--|--|--|--|
| 13a. FATHER'S NAME <u>Walton Edmonson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Flora Tarrant</u> | | 14. NAME OF HUSBAND OR WIFE <u>Chastner Holder</u> | |
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| 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>Chastner Holder</u> ADDRESS <u>Walnut Grove, Mo.</u> | |
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| 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, aneurysm, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HYPOSTATIC PNEUMONIA</u> | | ANTECEDENT CAUSES | | | | 3 DAYS | |
| DUE TO (b) <u>Apoplexy</u> | | Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. | | | | 6 MONTHS | |
| DUE TO (c) <u>HYPERTENSION</u> | | II. OTHER SIGNIFICANT CONDITIONS | | | | 1 YR. | |
| Conditions contributing to the death but not related to the disease or condition causing death. <u>MALNUTRITION</u> | | | | | | 6 MONTHS | |

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|------------------------|--|----------------------------------|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
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| 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) | |
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| 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? | |
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22. I hereby certify that I attended the deceased from OCT. 1, 1951, to OCT. 4, 1952, that I last saw the deceased alive on OCT. 3, 1952, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>W. R. Davis</u> | | 23b. ADDRESS <u>P.O. 2, WALNUT GROVE, MO</u> | | 23c. DATE SIGNED <u>10/5/52</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>10-6-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Walnut Grove Mo.</u> | |
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| DATE REC'D BY LOCAL REG. <u>10-10-52</u> | | REGISTRAR'S SIGNATURE <u>Earl Williams</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Drum Daniel</u> ADDRESS <u>Adh Grove - Mo</u> | |
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(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

Wayne L. Samuel

Licensed Embalmer No. *2702*

P. O. Address

Bel. Grove - 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.