

FILED SEP 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32018

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 402

0443

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

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Jasper | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper | |
| b. CITY (If outside corporate limits, write RURAL and give township) Joplin | | c. CITY (If outside corporate limits, write RURAL and give township) Joplin | |
| c. LENGTH OF STAY (in this place) 75 yrs | | d. STREET ADDRESS (If rural, give location) 2108 Pearl | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 2108 Pearl | | | |

| | | | | | |
|--|------------------------------|----------------------------|-------------------------|--------------------|-----------------------|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) David | b. (Middle) Edward | c. (Last) Holden | (Month) Sept. | (Day) 2, | (Year) 1952 |

| | | | | | | | |
|-----------------------|----------------------------------|--|--|--|---------------------------------------|---------------------------------------|------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Oct. 17, 1871 | 9. AGE (In years last birthday) 80 | IF UNDER 1 YEAR Months 0 | IF UNDER 24 HRS. Hours 0 | Min. 0 |
|-----------------------|----------------------------------|--|--|--|---------------------------------------|---------------------------------------|------------------|

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Drilling Contractor | | 10b. KIND OF BUSINESS OR INDUSTRY Own business | | 11. BIRTHPLACE (State or foreign country) Neodesha, Kansas | | 12. CITIZEN OF WHAT COUNTRY? USA | |
|---|--|--|--|--|--|--|--|

| | | | | | | | |
|---|--|---|--|---|--|--|--|
| 13a. FATHER'S NAME William Holden | | 13b. MOTHER'S MAIDEN NAME unknown | | 14. NAME OF HUSBAND OR WIFE Lena Holden | | | |
|---|--|---|--|---|--|--|--|

| | | | | | | | |
|---|--|---|--|--|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | | 16. SOCIAL SECURITY NO. Spanish-Americanunk | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lena Holden, 2108 Pearl, Joplin, Mo. | | | |
|---|--|---|--|--|--|--|--|

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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, ashenia, 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) | | Coronary occlusion | | | | 1 day | |
| ANTECEDENT CAUSES | | DUE TO (b) | | | | | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | Angina pectoris | | | | | |
| | | DUE TO (c) | | | | | |
| | | Cardiovascular | | | | | |
| | | heart disease | | | | 12 yrs | |
| 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 4201 | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.) | | 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 1940-19 Sept 2, 1952 that I last saw the deceased alive on Sept 2, 1952 and that death occurred at 5:45 p.m., from the causes and on the date stated above.

| | | | | | | | |
|---|--|-------------------|--|--|--|--------------------------------------|--|
| 23a. SIGNATURE J. B. Thompson | | (Degree or title) | | 23b. ADDRESS 708 Jasper Bldg | | 23c. DATE SIGNED Sept 3-52 | |
|---|--|-------------------|--|--|--|--------------------------------------|--|

| | | | | | | | |
|--|--|----------------------------|--|---|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 9-5-52 | | 24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial | | 24d. LOCATION (City, town, or county) (State) Joplin, Missouri | |
|--|--|----------------------------|--|---|--|--|--|

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|---|--|--|--|-----|--|---|--|
| DATE REC'D BY LOCAL REG. 9-6-52 | | LEGAL BAR'S SIGNATURE Ed. J. ... | | 138 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Steve Parker Mortuary, Joplin, Mo. | |
|---|--|--|--|-----|--|---|--|

RECEIVED 9-15-52
Jasper County Health Office

County File Number 52/9/726

Date Filed 9-15-52

SEP 18 1952

SEP 19 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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.