

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35355**

BIRTH NO. _____ REG. DIST. NO. 180 PRIMARY REG. DIST. NO. 5072 Registrar's No. 181

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Rural Prairie</u>		c. CITY OR TOWN <u>Independence Missouri 0485</u>	
c. LENGTH OF STAY (In this place) <u>45 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>9400 east 14 St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Emergency Hosp. Jackson Co.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Garrel</u> b. (Middle) <u>Vandyme</u> c. (Last) <u>Holt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 12 1952</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 16 1884</u>	9. AGE (In years last birthday) <u>67</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>Furniture Packer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Dolphin Holt</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa Bell</u>		14. NAME OF HUSBAND OR WIFE <u>Ernie L. Holt</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>486-09-3061</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ernie L. Holt</u> ADDRESS <u>9400 E. 14 - Independence Mo.</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain tumor</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cirrhosis liver enlarged</u>		
	DUE TO (c) <u>Alcohol</u>		
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 <u>5810</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7: A.M. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph A. Queen, Coroner</u> (Degree or title)		23b. ADDRESS <u>1034 Oak St. Bldg.</u>		23c. DATE SIGNED <u>10-13-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 14 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Washington Cem.</u>	
				24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>10-13-52</u>		REGISTRAR'S SIGNATURE <u>Donald C. Egan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. C.L. Forster</u> ADDRESS <u>918 Brooklyn Kas, City, Mo.</u>	
--	--	---	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

No. 300
10-48

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

280
20

NOV 8 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 J. Virgil Herrick

Licensed Embalmer No. 3599

P. O. Address St. L. 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.