

FILED JAN 5 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42063

State File No. _____
Registrar's No. 1170

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5468

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY OR TOWN Rogersville, Rural (If outside corporate limits, write RURAL and give township) Taylor Twp		c. CITY OR TOWN Rogersville, Rural (If outside corporate limits, write RURAL and give township) Taylor	
d. FULL NAME OF HOSPITAL OR INSTITUTION RURAL ROUTE		d. STREET ADDRESS (If rural, give location) RURAL ROUTE	

3. NAME OF DECEASED (Type or Print)	a. (First) Joseph	b. (Middle) Richard	c. (Last) Holmes	4. DATE OF DEATH (Month) (Day) (Year) Dec. 30, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH June 11, 1871	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Norfolk, England	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Joseph Holmes	13b. MOTHER'S MAIDEN NAME Wadde ll	14. NAME OF WIFE OR WIFE Mary Jane
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Jane Holmes	ADDRESS Rogersville 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH sudden
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probably Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		UNATTENDED BY A PHYSICIAN 4201	

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) (Min.)	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 _____ to _____ and that death occurred at **8:00 A.m.**, from the causes and on the date stated above.

23a. SIGNATURE Edith Williamson	23b. ADDRESS Greene County Court House Springfield, Missouri	23c. DATE SIGNED 12/31/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Jan. 2, 1953	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cem.	24d. LOCATION (City, town, or county) (State) Rogersville, Rural Missouri
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DATE REC'D BY LOCAL REG. 12-31-52	REGISTRAR'S SIGNATURE Edith Williamson	25. FUNERAL DIRECTOR'S SIGNATURE J. C. Ferrell	ADDRESS Rogersville Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

390

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

H. H. Kelley

Signed.....
Student Embalmer

Licensed Embalmer No. *3334*

P. O. Address _____

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.