

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42310

State File No.

5516

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
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 (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>55 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>415 West 46th Terrace</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>VIVIAN</u>		b. (Middle) <u>S.</u>		c. (Last) <u>HOLMES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 14 52</u>	
5. SEX <u>Fe</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>11-10-1889</u>	
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Stafford, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Logan Jones</u>			13b. MOTHER'S MAIDEN NAME <u>Jane Charlton</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. G. Holmes</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 ADDRESS <u>Mrs. J. Rogers Cochrane, Columbia, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage from Esophageal Varices</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cirrhosis of Liver (Laennec)</u> DUE TO (c) <u>malnutrition</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u> <u>58 1/2</u>
19a. DATE OF OPERATION <u>11/21/52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cirrhosis of Liver</u>					20. AUTOPSY? YES <input checked="" 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 <u>11/20</u> , 19 <u>52</u> , to <u>12-14</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>12/14</u> , 19 <u>52</u> , and that death occurred at <u>8:40 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John A. Griffith Jr M.D.</u>				23b. ADDRESS <u>315 Nichols Pl. Kansas City Mo</u>		23c. DATE SIGNED <u>12/16/52</u>	
24a. BURIAL, CREMATION REMOVAL (Specify)		24b. DATE <u>12-17-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Abbey</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-16-52</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J W Wagner</u>		ADDRESS <u>K C Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Blaine Medical
LO- 3150

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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 Alvin R. Harnischel

Signed.....
Student Embalmer

Licensed Embalmer No. 4159

P. O. Address R. C. 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.