

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

1060

State File No. ....

FILED JAN 26 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 67

0396  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 OR TOWN <u>L438 W. Brower</u> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield, Missouri 0396</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>1438 W. Brower</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1438 W. Brower</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Claud</u>	b. (Middle) <u>M.</u>	c. (Last) <u>Holbert</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1 - 20 - 53</u>
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5. SEX <u>Male 0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married 1</u>	8. DATE OF BIRTH <u>10-2-1904</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months	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) <u>Groceryman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Groceryman</u>	11. BIRTHPLACE (State or foreign country) <u>Dallas Co. Mo. C</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>M. Holbert</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Moore</u>	14. NAME OF HUSBAND OR WIFE <u>Gladys Holbert</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Gladys Holbert</u>	ADDRESS <u>Springfield, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiovascular Renal Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>
	ANTECEDENT CAUSES Morbidity 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. <u>442X</u>		

19a. DATE OF OPERATION <u>none</u>	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) (m.)	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 June 10, 1949 to Jan 20, 1953, that I last saw the deceased alive on Jan 17, 1953, and that death occurred at 1:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Heiston Wakeman M.D.</u> (Degree or title)	23b. ADDRESS <u>Springfield, Missouri</u>	23c. DATE SIGNED <u>1/21/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/22/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>White Chapel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-21-53</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson Register</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Springfield, Mo</u> ADDRESS
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FEB 28 1953

**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. B. Klugner* .....

Licensed Embalmer No. *3358* .....

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.