

FILED JAN 24 1954

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1845
Registrar's No. 22

BIRTH NO. 2650 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001

495
0

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) OR TOWN Joplin		c. LENGTH OF STAY (In this place) 59 min	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		0495
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital			d. STREET ADDRESS (If rural, give location) 1120 Morgan		

3. NAME OF DECEASED (Type or Print) a. (First) Timothy b. (Middle) James c. (Last) Holden			4. DATE OF DEATH (Month) (Day) (Year) 1 - 12 - 53		
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) 0	8. DATE OF BIRTH 1-12-53	9. AGE (In years last birthday) x 159	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Joplin		12. CITIZEN OF WHAT COUNTRY? 0		

13a. FATHER'S NAME Charles Holden		13b. MOTHER'S MAIDEN NAME Maive Lenora Mitchell		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) no		16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Charles Samuel Holden			ADDRESS
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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.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Immunaturity				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Toxicity mother				
		DUE TO (c)				
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 7699		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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 1-12, 1953, to 1-12, 1953, that I last saw the deceased alive on 1-12, 1953, and that death occurred at 7 p. m., from the causes and on the date stated above.

23a. SIGNATURE Violet M. Owen M.D.		(Degree or title)		23b. ADDRESS 327 Finco Bldg	23c. DATE SIGNED 1-14-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1-13-53	24c. NAME OF CEMETERY OR CREMATORY Fairview Cem.	24d. LOCATION (City, town, or county) (State) Joplin Mo		
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DATE REC'D BY LOCAL REG. 1-15-53	REGISTRAR'S SIGNATURE James R. Hurlbut		138	25. FUNERAL DIRECTOR'S SIGNATURE Hurlbut-Glover		ADDRESS Joplin
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RECEIVED · 1-19-53

Jasper County Health Office

County File Number 53/1/65

Date Filed 1-20-53

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by

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working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed Ed Glover

Licensed Embalmer No. 4593

P. O. Address Joplin, 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.