

FILED MAR 9 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8393

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BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 6093		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Marshall		c. LENGTH OF STAY (In this place) 62 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Marshall		0970		
d. FULL NAME OF HOSPITAL OR INSTITUTION 5 1/2 miles S.E. Marshall				d. STREET ADDRESS (If rural, give location) 5 1/2 miles S.E. Marshall				
3. NAME OF DECEASED a. (First) Nancy			b. (Middle) Clark		c. (Last) Holmes		4. DATE OF DEATH March 3, 1953.	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 26, 1868		
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR 6 Months 7 Days		IF UNDER 1 HR. 0 Hours 0 Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife			10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and State or Foreign Country) Saline County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Strother Clark			13b. MOTHER'S MAIDEN NAME Rhoda Jane Finley		14. NAME OF HUSBAND OR WIFE William S. Holmes			
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 ADDRESS William S. Holmes, Marshall, Mo. R.#4			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure				DUE TO (b) Pulmonary Edema (Hypostatic)				3 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Cardio-Renal-Vascular Syndrome				years				
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. Essential Hypertension				years				
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			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 Feb 26, 1953 , to March 3, 1953 , that I last saw the deceased alive on March 3, 1953 , and that death occurred at 12-30P m., from the causes and on the date stated above.								
23a. SIGNATURE E. C. Nancy (Name or title)				23b. ADDRESS Marshall Mo		23c. DATE SIGNED 3-4-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mch. 5, 1953		24c. NAME OF CEMETERY OR CREMATORY Ridge Park cemetery		24d. LOCATION (City, town, or county) (State) Marshall, Missouri		
DATE REC'D BY LOCAL REG. 3-4-1953		REGISTRAR'S SIGNATURE W. Gray		25. FUNERAL DIRECTOR'S SIGNATURE Campbell-Lewis		ADDRESS Marshall, Mo.		

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *R. W. Campbell Jr.* _____

Licensed Embalmer No. *3489* _____

P. O. Address *Marshall 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.