

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17199

FILED MAY 27 1953

State File No. \_\_\_\_\_  
Registrar's No. 208

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007		State File No. _____		Registrar's No. 208			
1. PLACE OF DEATH a. COUNTY Butler 0124				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Cook #120							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff			c. LENGTH OF STAY (in this place) 1 day		c. CITY OR TOWN Chicago		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 8				
d. FULL NAME OF HOSPITAL OR INSTITUTION Doctors Hospital				e. STREET ADDRESS (If rural, give location) 5119 Wentworth							
3. NAME OF DECEASED (Type or Print) Willie			a. (First)		b. (Middle) Holmes		c. (Last)				
4. DATE OF DEATH 5/16/1953			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 6/16/1913		9. AGE (In years last birthday) 39		10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 2 HRS. Hours _____ Min. _____	
5. SEX Male			6. COLOR OR RACE <del>White</del> Negro		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Rolling Mill		11. BIRTHPLACE (City and State or Foreign Country) Lewisville, Arkansas /		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Milton Holmes			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Ruby Holmes					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW2			16. SOCIAL SECURITY NO. 526-20-1410		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruby Holmes Chicago, Illinois						
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) Asphyxiation  ANTECEDENT CAUSES Cardiac Failure, Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Cerebral hemorrhage  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Severed cord (Cervical)							INTERVAL BETWEEN ONSET AND DEATH 15 hours		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION							20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE Accident		(Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 67		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Poplar Bluff Butler Missouri					
21d. TIME OF INJURY 5-16-1953 8A m.		(Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Auto Accident					
22. I hereby certify that I attended the deceased from 5 16 53, 19____, to 5 16 53, 19____, that I last saw the deceased alive on 5 15 06 53, 19____, and that death occurred at 11.40 A. m., from the causes and on the date stated above.											
23a. SIGNATURE <i>A.A. Markel</i>				(Degree or title) M.D.		23b. ADDRESS Poplar Bluff, Missouri			23c. DATE SIGNED 5 19 53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5/19/1953		24c. NAME OF CEMETERY OR CREMATORY St. Marys		24d. LOCATION (City, town, or county) (State) Bradley, Arkansas					
DATE REC'D BY LOCAL REG. 5/20/53		REGISTRAR'S SIGNATURE <i>R.A. Minshew</i>			48%		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Greer Croy & Fitch Poplar Bluff, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
MAY 25 1953  
BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

JUN 15 1953

JUL 28 1953

JUN 19 1953

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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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Joseph R. Matlock

Licensed Embalmer No. 4824

P. O. Address Poplar Bluff

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.