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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29191

FILED SEP 8 - 1953

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 85

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

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aurora
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Aurora Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Barry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Crane Creek Twp.
d. STREET ADDRESS (If rural, give location): Route 1 Crane, Mo. 0050

3. NAME OF DECEASED (Type or Print)
a. (First): Clay
b. (Middle):
c. (Last): Holmes

4. DATE OF DEATH (Month) (Day) (Year): Aug. 29, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 23, 1903
9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Alton Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Holmes
13b. MOTHER'S MAIDEN NAME: Lottie L. Eller
14. NAME OF HUSBAND OR WIFE: Geneva Green Holmes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): -----
16. SOCIAL SECURITY NO.: 499-07-2049
17. INFORMANT'S SIGNATURE OR NAME: Geneva G. Holmes — ADDRESS: Rt#1 Crane, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac Failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Ch. Cardiac Valvular Disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4214
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sep, 1953, *to* Aug 28, 1953, *that I last saw the deceased alive on* Aug 27, 1953, *and that death occurred at* 2 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. A. Cowen M.D.
23b. ADDRESS: Aurora Mo
23c. DATE SIGNED: 8/31/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-1-53
24c. NAME OF CEMETERY OR CREMATORY: Osa Cemetery
24d. LOCATION (City, town, or county) (State): Osa, BarryCo., Mo.

DATE REC'D BY LOCAL REG.: 8-31-53
REGISTRAR'S SIGNATURE: Osa McNatt 157
25. FUNERAL DIRECTOR'S SIGNATURE: William Wood Funeral Home, Aurora Mo. — ADDRESS: James A. Crafton

(Licensed Embalmer's Statement on Reverse Side)

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 James W. Crafton

Licensed Embalmer No. 4668

P. O. Address Aurora, 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.