

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36175

FILED OCT 27 1953

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		Registrar's No. <u>395</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> <u>7045</u>			
b. CITY OR TOWN <u>Independence</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Independence</u>		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>626 W. Lexington</u>				d. STREET ADDRESS (If rural, give location) <u>626 W. Lexington</u>			
3. NAME OF DECEASED (Type or Print) <u>Edith</u>			a. (First)	b. (Middle)	c. (Last) <u>Holmes</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 17, 1953</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>March 11, 1905</u>	
9. AGE (In years last birthday) <u>48</u>		IF UNDER 1 YEAR Months		IF UNDER 14 HRS. Hours		IF UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ins. Adjuster</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Hartford Ins. Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Chillicothe, Missouri</u> 0		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Edward Holmes</u>			13b. MOTHER'S MAIDEN NAME <u>Josephine Creason</u>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-03-0519</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary Ransdell</u> ADDRESS <u>626 Lexington Indep. Mo.</u>			
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) <u>Sarcoma of medianum</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Pulmonary Edema</u>							
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 <u>10/10</u> , 1953, to <u>10/17</u> , 1953, that I last saw the deceased alive on <u>10/10</u> , 1953, and that death occurred at <u>5:00</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E. B. Patton M.D.</u> (Degree or title)				23b. ADDRESS <u>310 S. Main</u>		23c. DATE SIGNED <u>10/17</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10/18/53</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Chillicothe, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Oct 18-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Indep., Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 9 1961

NOV 23 1951

MAR 2 1962

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 \_\_\_\_\_

Richard L. Rogier Student Embalmer No. 495  
working under my personal supervision.

Student Richard L. Rogier  
Student Embalmer

Signed Richard R. Francis

Licensed Embalmer No. 4863

P. O. Address Indy, 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.