

STANDARD CERTIFICATE OF DEATH

State File No. **36176**

FILED NOV 3 - 1953

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 406

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
a. COUNTY Jackson			a. STATE Missouri		b. COUNTY Jackson
b. CITY (If outside corporate limits, write RURAL and give township OR TOWN) Independence		c. LENGTH OF STAY (in this place) 75 years	c. CITY (If outside corporate limits, write RURAL and give township) Independence		
d. FULL NAME OF HOSPITAL OR INSTITUTION 914 South Osage Street			d. STREET ADDRESS (If rural, give location) 914 South Osage Street		

3. NAME OF DECEASED		4. DATE OF DEATH	
a. (First) Matthew	b. (Middle) Thomas	c. (Last) HOLMES	(Month) (Day) (Year) Oct. 25, 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 7, 1869
9. AGE (In years last birthday) 84		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Ice Carrier	10b. KIND OF BUSINESS OR INDUSTRY Selfemployed
11. BIRTHPLACE (City and State or Foreign Country) Lexington, Kentucky		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Moses Holmes	13b. MOTHER'S MAIDEN NAME Elizabeth	14. NAME OF HUSBAND OR WIFE Katheryn 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. 496-16-8505	17. INFORMANT'S SIGNATURE OR NAME Katheryn Holmes, Independence, Missouri

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hours 1 year 1 year
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Atherosclerosis DUE TO (c) General arteriosclerosis and emphysema		
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 4201	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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 21 - 1953 to Oct 25, 1953 that I last saw the deceased alive on Oct 25, 1953, and that death occurred at 6:30 AM on the causes and on the date stated above.

23a. SIGNATURE <i>W. Allen M.D.</i>	23b. ADDRESS Independence, Mo.	23c. DATE SIGNED Oct. 26, 1953
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 27, 1953	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	25. FUNERAL DIRECTOR'S SIGNATURE <i>Geo. C. Carson</i>	
DATE REC'D BY LOCAL REG. 11-27-53	REGISTRAR'S SIGNATURE <i>[Signature]</i>	ADDRESS Geo. C. Carson Funeral Home, Indep. Mo.

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

NOV 23 1951

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 Dean W. Huff

Licensed Embalmer No. 4914

P. O. Address Independence, 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.