

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38505

State File No.

FILED NOV 23 1953

BIRTH NO. _____ REG. DIST. NO. 60 PRIMARY REG. DIST. NO. 5285 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, S. Benton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>S. Benton, Rural 200</u>	
c. LENGTH OF STAY (In this place) <u>20 yr</u>		d. STREET ADDRESS (If rural, give location) <u>4 Miles N. Jervis Spg.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LIONEL</u> b. (Middle) <u>-</u> c. (Last) <u>JAMES-HOLDER</u>			4. DATE OF DEATH (Month) <u>11</u> (Day) <u>-</u> (Year) <u>1953</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>12-29-1901</u>
9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>12</u>	IF UNDER 1 YEAR Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Filley, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u></u>
13a. FATHER'S NAME <u>EARNEST-HOLDER</u>		13b. MOTHER'S MAIDEN NAME <u>LYDIA-EVAUS</u>	
14. NAME OF HUSBAND OR WIFE <u>INEZ-HOLDER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Inez Holder, Jervis Spg. Mo</u> ADDRESS <u></u>	
18. CAUSE OF DEATH Enter 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>Coronary Occlusion.</u> INTERVAL BETWEEN ONSET AND DEATH <u>hrs</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) _____ 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	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) <u>4201</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 _____, 19____, to <u>11-11</u> , 19 <u>53</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8: A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm. B. Richter MD</u>		23b. ADDRESS <u>Stockton Mo.</u>	23c. DATE SIGNED <u>11-16-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-15-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stockton City Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Stockton, Mo</u>
DATE REC'D BY LOCAL REG. <u>11-17-53</u>	REGISTRAR'S SIGNATURE <u>Norma Timmerman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. Long</u> ADDRESS <u>Jervis Spg. Mo</u>	

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 *J. D. Long*

Licensed Embalmer No. 3714

P. O. Address Jervis St. N

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.