

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39865

FILED DEC 7 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hayti</u>		c. LENGTH OF STAY (In this place) <u>23 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Braggadocio-Townshp.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pemiscot Memorial Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>Route 2 Steele, Missouri</u>			
3. NAME OF DECEASED a. (First) <u>James</u> b. (Middle) <u>Claude</u> c. (Last) <u>Holman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>November 27 '53</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 21, 1878</u>		9. AGE (In years) <u>75</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HR. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Adamsville, Tennessee</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Samuel Lee Holman</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Scott</u>		14. NAME OF HUSBAND OR WIFE <u>Anna O. Gillham Holman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Alva Holman</u> ADDRESS <u>Rt. 2 Steele, Mo.</u>				
MEDICAL CERTIFICATION							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Neuroblastoma of Liver</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.							
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 <u>11-5-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Metastatic Neuroblastoma of Liver</u>			20. AUTOPSY? <u>1561</u> 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>Hayti, Pemiscot, Missouri</u>		21f. HOW DID INJURY OCCUR? _____		
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>11-3-</u> , 1953, to <u>11-27,</u> 1953, that I last saw the deceased alive on <u>11-26-</u> , 1953, and that death occurred at <u>6:15A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Philip A. Quinn, M.D.</u>			23b. ADDRESS <u>Caruthersville, Mo.</u>		23c. DATE SIGNED <u>11-28-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 29, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Marble Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>12-2-53</u>		REGISTRAR'S SIGNATURE <u>John H. Herman</u> <u>406-4</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.S. Smith Funeral Home C'ville, Mo.</u>			

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

12-380-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

DEC 4 1953

JUL 21 1954

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 W. Denver Fike

Licensed Embalmer No. 4484

P. O. Address Caruthersville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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