

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5368

State File No.

BIRTH NO. FILED MAR 5 1954 REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>LINN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>LINN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARCELINE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARCELINE 0581</u>	
c. LENGTH OF STAY (Usable place) <u>5 DAY</u>		d. STREET ADDRESS (If rural, give location) <u>616 E. STATE FE^D</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. FRANCIS HOSP.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>HARRISON</u> c. (Last) <u>HOLT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 28 54</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWER</u>	8. DATE OF BIRTH <u>APRIL 19 1890</u>		9. AGE (In years last birthday) <u>63</u> if UNDER 1 YEAR Month Day if UNDER 24 HRS. Hour 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>FARM</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CHARITON CO. MO.</u>	
13a. FATHER'S NAME <u>JAMES HOLT</u>			13b. MOTHER'S MAIDEN NAME <u>JULIA SCHOOLEY</u>		14. NAME OF HUSBAND OR WIFE <u>NANNIE HOLT</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>P. M. Holt Marceline</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS</u> ANTECEDENT CAUSES <u>Arteriosclerotic Vascular Disease UNK</u> DUE TO (b) <u>Arteriosclerotic Vascular Disease UNK</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>4 DAYS</u>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>FEBRUARY</u>	

22. I hereby certify that I attended the deceased from JAN. 18 1952, to MAR 2 1954, that I last saw the deceased alive on JAN 18 1952, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>P. T. Berry M.D.</u> (Degree or title)		23b. ADDRESS <u>Marceline, Mo.</u>		23c. DATE SIGNED <u>3-1-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR. 2 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. OLIVET</u>		24d. LOCATION (City, town, or county) (State) <u>MARCELINE Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>3-1-1954</u>		REGISTRAR'S SIGNATURE <u>Mary Jane Ridgway</u> 401-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L. K. Tillatou MARCELINE Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

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 Lilburn K. Tullatou

Licensed Embalmer No. 4508

P. O. Address Marceline, 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.