No. 300
10-48

XC-1291 458
REG. #116,085

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7319

BIRTH NO. FILED MAR 2 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 408

1 PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) JEFFERSON BARRACKS, MO.
c. LENGTH OF STAY (In this place) 31 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE ARKANSAS
b. COUNTY 8030
c. CITY OR TOWN DELAPLAINE
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐ 8
e. STREET ADDRESS (If rural, give location) BOX 192

3. NAME OF DECEASED (Type or Print)
a. (First) JOSEPH
b. (Middle) A.
c. (Last) HOLDER

4. DATE OF DEATH (Month) (Day) (Year) 2/13/54

5. SEX MALE 0
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1
8. DATE OF BIRTH 12/28/87
9. AGE (In years last birthday) 66 YRS
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER
10b. KIND OF BUSINESS OR INDUSTRY FARMING
11. BIRTHPLACE (City and State or Foreign Country) TEXAS COUNTY, MISSOURI 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME DAVID HOLDER
13b. MOTHER'S MAIDEN NAME MAHALIE WALKER
14. NAME OF HUSBAND OR WIFE DEATRICE HOLDER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, JEFF BRKS, MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) TUBERCULOSIS OF SPINE

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 0120
20. AUTOPSY? YES ☐ NO ☒

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) VA m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/8/54, 19__, *to* 2/13/54, 19__, ~~[illegible]~~ *and that death occurred at* 5:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE Robert C. Hoppe (Degree or title) M.D.
23b. ADDRESS VET ADM HOSP, JEFF BRKS, MO.
23c. DATE SIGNED 2/14/54

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
24b. DATE 2-15-54
24c. NAME OF CEMETERY OR CREMATORY JONES RIDGE CEMETERY
24d. LOCATION (City, town, or county) (State) DELAPLAINE, ARKANSAS

DATE REC'D BY LOCAL REG. 2-15-54
REGISTRAR'S SIGNATURE Hubert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Southern FUNERAL HOME 6322 S Grand Blvd. St. Louis, Mo.

SW

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed David Vere Fassan

Licensed Embalmer No. 424

P. O. Address 6322 L.G.

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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