

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8012

State File No.

4099

Registrar's No.

52

BIRTH NO. FILED APR 14 1954 REG. DIST. NO. 59 PRIMARY REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pleasant Hill, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pleasant Hill</u>	
c. LENGTH OF STAY (In this place) <u>8 years</u>		d. STREET ADDRESS (If rural, give location) <u>115 1/2 Wyoming</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>115 1/2 Wyoming</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Gaylon</u> b. (Middle) <u>Alfred</u> c. (Last) <u>Holton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-2-1954</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>8-6-1905</u>			9. AGE (In years last birthday) <u>48</u>		10. IF UNDER 1 YEAR: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during previous working life, or in if retired) <u>Marriage of Highway</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Chilhowee, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Charles Holton</u>		13b. MOTHER'S MAIDEN NAME <u>Hannah Crawford</u>		14. NAME OF HUSBAND OR WIFE <u>Lucile Holton</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>495-10-5210</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Lucile Holton Pleasant Hill</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute anterior coronary thrombosis 1 hr</u>			INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, 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		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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?	

22. I hereby certify that I attended the deceased from 4-1-54, to 4-2-54, that I last saw the deceased alive on 4-2-54, and that death occurred at 12³⁰ P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. H. H. M.D.</u>		23b. ADDRESS <u>Pleasant Hill, Mo.</u>		23c. DATE SIGNED <u>4-3-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-4-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill, Mo.</u>	
24d. LOCATION (City, town, or county) <u>Pleasant Hill</u>		24e. (State) <u>Mo.</u>			

DATE REC'D BY LOCAL REG. <u>April 4, 1954</u>		REGISTRAR'S SIGNATURE <u>Dora Barrow</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Allen Brownell</u>	
				ADDRESS <u>Pleasant Hill, Mo.</u>	

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

0190

0190

APR 14 1955

RECEIVED
APR 10 1954
HEALTH DEPARTMENT

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 Allen B. [Signature]

Licensed Embalmer No. 3785

P. O. Address Placid Hill m

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.