

FILED AUG 2 1954

24-18-1-6

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. 2001 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <b>NEWTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b>		b. COUNTY <b>NEWTON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWNRURAL <b>SHOAL CREEK</b>		c. LENGTH OF STAY (In this place) <b>6 MOS.</b>		c. CITY OR TOWN <b>SHOAL CREEK</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ROUTE 2, SENECA, MO.</b>		e. STREET ADDRESS (If rural, give location) <b>ROUTE 2, SENECA, MISSOURI</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>LYDIA</b>			b. (Middle) <b>CATHERINE</b>			c. (Last) <b>HOLDER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 10, 1954</b>		
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>SEPT. 13, 1880</b>		9. AGE (In years last birthday) <b>73</b>		10. CITIZENSHIP (If under 1 year Months) (If under 24 hrs. Days) (Hours) (Min.) <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>HOMEMAKING</b>				11. BIRTHPLACE (City and State or Foreign Country) <b>JERICCO SPRINGS, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>J. P. EVANS</b>			13b. MOTHER'S MAIDEN NAME <b>IMOGENE BREWSTER</b>			14. NAME OF HUSBAND OR WIFE <b>REV. W. E. HOLDER, DEC'D</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO. <b>NO.</b>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. EDNA REAVES, RT. 2, SENECA, MO.</b>		

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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Arteriosclerosis</b>						INTERVAL BETWEEN ONSET AND 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. <b>Q. Myocarditis</b>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>331X</b>						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)					
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 **7-6**, 19**54** to **7-6**, 19**54**, that I last saw the deceased alive on **7-6**, 19**54** and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. J. J. Smith, M.D.</b>				23b. ADDRESS <b>Jo Plin Mo.</b>				23c. DATE SIGNED <b>7-14-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>7-12-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>HALL CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>JERICCO SPRINGS, MO.</b>			

DATE REC'D BY LOCAL REG <b>7-16-54</b>		REGISTRAR'S SIGNATURE <b>Edna Reaves</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

730

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. \_\_\_\_\_

District File Number 264-154

Date Filed JUL 30 1954

NEOSHO, MISSOURI

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 \_\_\_\_\_  
Signature of Student Embalmer

Signed *F. M. Jones*

Licensed Embalmer No. 271

P. O. Address *Joplin*

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

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