

FILED OCT 29 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33168

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 524

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Poplar Bluff</b>		c. LENGTH OF STAY (in this place) <b>1 wk.</b>	c. CITY OR TOWN <b>Dexter</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Poplar Bluff Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lenza</b>		b. (Middle) <b>Leroy</b>	c. (Last) <b>Holland</b>
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	8. DATE OF BIRTH <b>June 14, 1888</b>
13a. FATHER'S NAME <b>David L. Holland</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah J. Irondale</b>	14. NAME OF HUSBAND OR WIFE <b>deceased</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>XX</b>	17. INFORMANT'S SIGNATURE OR NAME <b>L. V. Holland</b> ADDRESS <b>Dexter, Mo. R. 4</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Toxemia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio-sclerotic Gangrene</b> DUE TO (c) <b>Right Leg</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <b>10-17-54</b>		19b. MAJOR FINDINGS OF OPERATION <b>Amputation right leg</b>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>10-9</b> , 1954, to <b>10-14</b> , 1954, that I last saw the deceased alive on <b>10-14</b> , 1954, and that death occurred at <b>1:45 a.m.</b> from the causes and on the date stated above.			
23a. SIGNATURE <b>W. H. Watkins, M.D.</b> (Degree or title)		23b. ADDRESS <b>Poplar Bluff, Mo. Poplar Bluff Hospital</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>10-15-54</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Hagy Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Dexter, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>10/19/54</b>		REGISTRAR'S SIGNATURE <b>R. H. Murrell</b> 489	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Watkins &amp; Sons</b>		ADDRESS <b>Dexter, Missouri</b>	

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

RECEIVED  
OCT 25 1954  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

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 *Mark Watkins*

Licensed Embalmer No. *4717*

P. O. Address *Deerfield*

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.