

FILED NOV 15 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33602**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **200** Registrar's No. **1023**

**1. PLACE OF DEATH**

a. COUNTY **Greene**

b. CITY (If outside corporate limits, write RURAL and give township) **Springfield**

c. LENGTH OF STAY (In this place) **1 day**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Berge Hospital**

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).

a. STATE **Mo.** b. COUNTY **Texas**

c. CITY (If outside corporate limits, write RURAL and give township) **Houston, Mo.**

d. STREET ADDRESS (If rural, give location) **1020**

**3. NAME OF DECEASED**

a. (First) **FRANK** b. (Middle) **KERWIN** c. (Last) **HOLT**

4. DATE OF DEATH (Month) (Day) (Year) **Nov. 4 1954**

5. SEX **male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **widowed**

8. DATE OF BIRTH **May 28 1893** 9. AGE (In years last birthday) **61** IF UNDER 1 YEAR Months **5** Days **7** IF UNDER 12 HRS. Hours  Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **clerk**

10b. KIND OF BUSINESS OR INDUSTRY **Western Auto Store**

11. BIRTHPLACE (State or foreign country) **Daytonville, Mo.**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Daston Holt** 13b. MOTHER'S MAIDEN NAME **Blanche Wehr** 14. NAME OF HUSBAND OR WIFE **Rosa**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **yes** (If yes, give year or dates of service) **World War I**

16. SOCIAL SECURITY NO. **487-01-6002**

17. INFORMANT'S SIGNATURE OR NAME **Ruth Sanderson** ADDRESS **Pecos, Texas**

**18. CAUSE OF DEATH**  
Enter only one cause per line for (a), (b), and (c)

**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) **Coronary thrombosis** INTERVAL BETWEEN ONSET AND DEATH **about 6 yr.**

**ANTECEDENT CAUSES**  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **Arteriosclerosis** **unknown**

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 **4201** 20. AUTOPSY? YES  NO

21a. ACCIDENT (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) \_\_\_\_\_ 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 **11-22**, 19**53**, to **11-4**, 19**54**, that I last saw the deceased alive on **11-4**, 19**54** and that death occurred at **4:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Marjorie D. Johnson, MD** (Degree or title) 23b. ADDRESS **120 P. St. Bldg. Springfield Mo.** 23c. DATE SIGNED **11-9-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) \_\_\_\_\_ 24b. DATE **11-7-54** 24c. NAME OF CEMETERY OR CREMATORY **Central Baptist** 24d. LOCATION (City, town, or county) (State) **Texas Co., Mo.**

DATE REC'D BY LOCAL REG. **11-10-54** REGISTRAR'S SIGNATURE **Edith Williamson** 25. FUNERAL DIRECTOR'S SIGNATURE **Ellitt Funeral Home** ADDRESS **Houston, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

Warford Johnson  
Prot 15

NOV 16 1954

**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 Bernard F. Wright

Licensed Embalmer No. 4293

P. O. Address Springfield,

**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.