

FILED OCT 18 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36335

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 6285 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Wright</u>	
b. CITY OR TOWN <u>Intergrove Township</u>		c. CITY OR TOWN <u>Intergrove</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>1140</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Hayden</u>	b. (Middle) <u>O.</u>	c. (Last) <u>HOLT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>SEP 23 1954</u>
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5. SEX <u>Male</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov 7, 1874</u>	9. AGE (In years last birthday) <u>79</u>	10. UNDER 1 YEAR: Months <u>11</u> Days <u>16</u>	11. UNDER 1 HR. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give one of those done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Wright Co. Mo. U.S.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>George Holt</u>	13b. MOTHER'S MAIDEN NAME <u>not known</u>	14. NAME OF HUSBAND OR WIFE <u>Bessie Lee Holt</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bessie Lee Holt</u>	ADDRESS <u>Intergrove</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		<u>9-23-54</u>
ANTECEDENT CAUSES		DUE TO <u>Arteriosclerosis</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO <u>Embolic Arteriosclerosis</u>	
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 <u>4201</u>	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)	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 Sept 1950, to Sept 23, 1954, that I last saw the deceased alive on Sept 23, 1954, and that death occurred at 6:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. W. Connor</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Mountain Grove Mo</u>	23c. DATE SIGNED <u>9-24-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 20 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lone Star</u>	24d. LOCATION (City, town, or county) (State) <u>Intergrove, Mo</u>
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DATE REC'D BY LOCAL REG. <u>9-27-54</u>	REGISTRAR'S SIGNATURE <u>A. C. Ames</u>	348-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Shoble-Windt</u>	ADDRESS <u>Intergrove, Mo</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48

OCT 12 1954

RECEIVED OCT 12 1954  
WRIGHT CO. HEALTH DEPT.  
County File Number 1054-110  
Date Filed 10-16-54

RECEIVED  
OCT 12 1954  
WRIGHT CO. HEALTH DEPT.  
County File Number  
Date Filed

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 *Frank Noble*

Licensed Embalmer No. 414

P. O. Address *Intergo*

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.