

FILED NOV 30 1954

STANDARD CERTIFICATE OF DEATH

4061 State File No. 36688

BIRTH NO. _____ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 5146 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Braymer</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Davis Twn.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Susan</u> b. (Middle) <u>Alice</u> c. (Last) <u>Stone Holder</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 16, 1954</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept. 24, 1880</u>
9. AGE (In years last birthday) <u>74 yrs.</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>
11. BIRTHPLACE (State or foreign country) <u>Estelle County, Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Frances Stone</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Winburn</u>	
14. NAME OF HUSBAND OR WIFE <u>William Holder</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William Holder</u> ADDRESS <u>Braymer, Mo</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Coronary Arteriosclerosis</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
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) _____		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 <u>July</u> , 19 <u>48</u> , to <u>Nov. 16</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Nov. 16</u> , 19 <u>54</u> , and that death occurred at <u>5:30 a.m.</u> from the causes and on the date stated above.	
23a. SIGNATURE <u>E. Goldberg MD</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Braymer, Mo</u>	
23c. DATE SIGNED <u>11-16-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>11-18-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen Cem</u>	
24d. LOCATION (City, town, or county) <u>Braymer, Mo</u> (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. Ruth Ann Fugitt</u> ADDRESS <u>Mead's Funeral Service, Braymer, Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-18-54</u>		REGISTRAR'S SIGNATURE _____	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 L. Mead

Licensed Embalmer No. 2801

P. O. Address Braymer, Mo.

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.