

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8856**

FILED APR 14 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **210** PRIMARY REG. DIST. NO. **5776** Registrar's No. **29**

1. PLACE OF DEATH a. COUNTY <b>MERCER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>MERCER</b>	
b. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <b>MILL GROVE</b>		c. CITY OR TOWN <b>MILL GROVE</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <b>Washington Truss</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOCIE</b> b. (Middle) _____ c. (Last) <b>HOLMES</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL - 5 - 1955</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>JULY - 25 - 1876</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>

13a. FATHER'S NAME <b>COUNT VANDERPOOL</b>		13b. MOTHER'S MAIDEN NAME <b>ANGELINE BRANNAM</b>		14. NAME OF HUSBAND OR WIFE <b>WILLIAM HOLMES</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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. EVERETT STAMPER SPICKARD 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 mo.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CEREBRAL HEMORRHAGE</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>hypertension</b> DUE TO (c) <b>arteriosclerosis</b>		
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 <b>331 X</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)		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 **6-22-54**, 19\_\_\_\_, to **4-4-55**, 19\_\_\_\_, that I last saw the deceased alive on **4-4-55**, 19\_\_\_\_, and that death occurred at **11:30 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Douglas J. Pearce, D.O.</b>		23b. ADDRESS <b>Princeton Missouri</b>		23c. DATE SIGNED <b>4-6-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>4-7-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MILL GROVE CEM.</b>	
24d. LOCATION (City, town, or county) (State) <b>MILL GROVE MO.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>SCHOLER FUNERAL HOME SPICKARD MO.</b>			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>4-10-55</b>		393 -			

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

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.....  
*Ross Wise*

Licensed Embalmer No. *3771*

P. O. Address *Spirkearl*

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.