

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9128

State File No.

FILED MAR 25 1955

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 3055 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Polk</u> <u>0871</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Polk</u> <u>0870</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bolivar</u> <u>3</u>		c. CITY OR TOWN <u>Pleasant Hope</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>20 min.</u>		STREET ADDRESS (If rural, give location) <u>S.E. of Pleasant Hope</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dentist Office (Square)</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ruth</u>		b. (Middle)	c. (Last) <u>Holbert</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 14, 1955</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. 14, 1904</u>	9. AGE (In years last birthday) <u>50</u> IF UNDER 1 YEAR Months <u>6</u> Days <u>0</u> IF UNDER 24 HRS. Hours <u>0</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House Work</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Leeds, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Charles F. Fellers</u>		13b. MOTHER'S MAIDEN NAME <u>Debra Lair</u>		14. NAME OF HUSBAND OR WIFE <u>Harry Ben Holbert</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harry B. Holbert Sr. Pleasant Hope Missouri</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Acute Heart Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Chronic Myocarditis</u>		DUE TO (b)		
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		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) <u>4222</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Mar. 14, 1955, to _____, 19____, that I last saw the deceased alive on 3/14, 1955, and that death occurred at 7:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Richard B. Cravin</u> (Degree or title) <u>Polk County, Mo.</u>		23b. ADDRESS <u>Bolivar Mo.</u>		23c. DATE SIGNED <u>Mar 15, 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 17, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Flemington cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Flemington, Missouri</u>					

DATE REC'D BY LOCAL REG. <u>3-17-1955</u>		REGISTRAR'S SIGNATURE <u>Ralph Gordon</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard B. Cravin</u>	
				ADDRESS <u>Pleasant Hope, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE 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 *William B. Erwin*.....

Licensed Embalmer No. *3092*

P. O. Address *Bulivar, Va*

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.