

FILED APR 12 1955

20597-55

REG. DIST. NO. 360

PRIMARY REG. DIST. NO. 3076

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY OR TOWN <u>Nevada</u>		c. CITY OR TOWN <u>Nevada</u>	
c. LENGTH OF STAY (in this place) <u>12 HRS</u>		d. STREET ADDRESS (If rural, give location) <u>1022 W. Austin St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada City Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>William</u> c. (Last) <u>Holmes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 1 - 1955</u>	
5. SEX <u>Male</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Baby</u>		8. DATE OF BIRTH <u>April 15 1955</u>
6. COLOR OR RACE <u>White</u>		9. AGE (in years last birthday) <u>72</u>		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Nevada Mo.</u>

13a. FATHER'S NAME <u>Edwin Victor Holmes</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Jean Roberts</u>		14. NAME OF HUSBAND OR WIFE
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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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edward Victor Holmes</u>	
				ADDRESS <u>Nevada Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>30 Min.</u>
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral anoxia</u>			<u>12 hr. 30 Min.</u> <u>delivery.</u>
		ANTECEDENT CAUSES			
		DUE TO (b) <u>intracranial trauma involving respiratory center.</u> DUE TO (c) <u>strangulation of umbilical cord in</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None.</u>			

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>	

22. I hereby certify that I attended the deceased from April 1, 1955, to April 1, 1955, that I last saw the deceased alive on April 1, 1955, and that death occurred at 9:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>		(Degree or title) <u>M. D.</u>		23b. ADDRESS <u>Moore Building, Nevada, Mo.</u>	
				23c. DATE SIGNED <u>4-2-55</u>	

24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-3-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sheldon Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Sheldon, Vernon, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>4-4-55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	
				ADDRESS <u>Hayes Funeral Service Inc. Nevada, Mo.</u>	

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 ^{not} embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed H. H. Marmaduke

Licensed Embalmer No. 2070

P. O. Address Meriden, 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.