

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 11 1955

State File No. **22720**

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>172</u>  |  | PRIMARY REG. DIST. NO. <u>3034</u>   |  | Registrar's No. <u>47</u>  |  |  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Lafayette</u>  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>  |  |  |  |  |  |
| b. CITY OR TOWN <u>Higginsville</u>  |  | c. LENGTH OF STAY (in this place) <u>20 yr</u>   |  | c. CITY OR TOWN <u>Higginsville</u>  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |  |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION  |  |  |  | STREET ADDRESS (If rural, give location)<br><u>29th Street</u>   |  |  |  |  |  |
| 3. NAME OF DECEASED<br>a. (First) <u>William</u>   |  |  | b. (Middle)  |  | c. (Last) <u>Holt</u>  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>7 21 55</u> |  |  |
| 5. SEX <u>Male</u>   |  | 6. COLOR OR RACE <u>White</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)   |  | 8. DATE OF BIRTH<br><u>9-30-1866</u>   |  | 9. AGE (In years last birthday) <u>88</u><br>IF UNDER 1 YEAR: Months <u>9</u> Days <u>21</u><br>IF UNDER 24 HRS.: Hours <u>  </u> Min. <u>  </u> |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Street Commissioner</u>  |  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Municipal</u>  |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Waverly Mo</u> |  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>   |  |
| 13a. FATHER'S NAME<br><u>Not known</u>   |  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Not Known</u>  |  |  | 14. NAME OF HUSBAND OR WIFE<br><u>none</u>   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>  |  | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service)                           |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Mrs. Hy. Hanks</u>   |  |  | ADDRESS<br><u>Higginsville Mo.</u>                         |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthemia, etc. It means the disease, injury, or complication which caused death.                                  |  |  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>74 y poststatic pneumonia</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Chronic myocardial degeneration</u><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>4222</u> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>7 days</u><br><u>8 yrs.</u>   |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION   |  |  |  |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input 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) m.   |  |  | 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>Sept 3, 1951</u> , to <u>July 21, 1955</u> , that I last saw the deceased alive on <u>July 21, 1955</u> , and that death occurred at <u>11:55 p.m.</u> , from the causes and on the date stated above. |  |  |  |  |  |  |  |  |  |
| 23a. SIGNATURE (Degree or title)<br><u>Edwin H. Nelson D.O.</u>  |  |  |  | 23b. ADDRESS<br><u>Higginsville Mo</u>   |  |  | 23c. DATE SIGNED<br><u>7/23/55</u>                         |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>burial</u>   |  | 24b. DATE<br><u>7-24-55</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>City</u>  |  | 24d. LOCATION (City, town, or county) (State)<br><u>Higginsville Mo.</u>   |  |  |  |
| DATE REC'D BY LOCAL REG.<br><u>July 25-55</u>  |  | REGISTRAR'S SIGNATURE<br><u>Clayton H. Lendrum</u>                                       |  |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Forest Hoops</u>              |  | ADDRESS<br><u>Higginsville 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 embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Farrell Hoyer*.....

Licensed Embalmer No....435

P. O. Address *Rigginsville*..LL

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.