

FILED AUG 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

25828

BIRTH NO.		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>721</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>California</u> b. COUNTY <u>San Bernardino</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>6 hours</u>		c. CITY OR TOWN <u>San Bernardino</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>				STREET ADDRESS (If rural, give location) <u>2230 3rd and Suscay</u> <u>8048</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MYRTLE</u>		b. (Middle) <u>A.</u>		c. (Last) <u>HOLDEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 16, 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>February 5, 1886</u>	
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		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) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Samuel Richards</u>		13b. MOTHER'S MAIDEN NAME <u>Leah Boyer</u>		14. NAME OF HUSBAND OR WIFE <u>John G. Holden</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 ADDRESS <u>John G. Holden, San Bernardino, California</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Dissection of myocardium due to atherosclerosis coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>4201</u> DUE TO (c) <u>DIABETES MELLITUS</u>				INTERVAL BETWEEN ONSET AND DEATH <u>24 HOURS</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>suicide</u> SUICIDE HOMICIDE		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) (Minute) 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>8/15/55</u> , 19 <u>55</u> , to <u>8/16/55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>8/14/55</u> , 19 <u>55</u> , and that death occurred at <u>11:45 p.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Blain O. T. ... M.D.</u>				23b. ADDRESS <u>Springfield, Mo.</u>		23c. DATE SIGNED <u>8/18/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Aug. 18, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pierce Bros. Inc.</u>		24d. LOCATION (City, town, or county) (State) <u>San Bernardino, Calif.</u>	
DATE REC'D BY LOCAL REG. <u>8-18-55</u>		REGISTRAR'S SIGNATURE <u>Walter Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Agnes Goodwin</u>		ADDRESS <u>623 W. Walnut Springfield, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

M.W.

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

1936 7 19 1936

OCT 28 1936

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 *Harry C. [unclear]* Licensed Embalmer No. 45 P. O. Address *Springfield*

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.