

8 1/2 years 2 1/2
FILED SEP 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30449

State File No.

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 231

1. PLACE OF DEATH a. COUNTY COOPER Randolph		2. USUAL RESIDENCE (Where, deceased lived. a. STATE MISSOURI b. COUNTY COOPER	
b. CITY (If outside corporate limits, write RURAL and give township) MOBERLY	c. LENGTH OF STAY (in this place) 13-16-1947	c. CITY OR TOWN MOBERLY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 616 S. CHARK		STREET ADDRESS (If rural, give location) 616 S. CHARK	

3. NAME OF DECEASED (Type or Print)	a. (First) VINA	b. (Middle)	c. (Last) HOLT	4. DATE OF DEATH (Month) (Day) (Year) SEPT 16 1955
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH July 11 - 1874	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 2 Days 5	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE		11. BIRTHPLACE (City and State or Foreign Country) MO.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John W. Sussardel	13b. MOTHER'S MAIDEN NAME Ellen Ann Hubel	14. NAME OF HUSBAND OR WIFE deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME James S. Hall	ADDRESS _____
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Right Hemiplegia		INTERVAL BETWEEN ONSET AND DEATH Sept. 7/55
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) High Blood Pressure		
	DUE TO (c) 3:30 PM		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis		several months	

19a. DATE OF OPERATION <input checked="" type="checkbox"/>	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <input checked="" type="checkbox"/> m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **Sept. 15, 1955** to **Sept. 16, 1955**, that I last saw the deceased alive on **Sept. 15, 1955**, and that death occurred at **4:25** m., from the causes and on the date stated above.

23a. SIGNATURE Dr. L. E. Hubel, MD (Degree or title)	23b. ADDRESS 400 1/2 W. Road, Moberly, Mo.	23c. DATE SIGNED 9/16/55
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24a. BURIAL, CREMATION, REINTERMENT (Specify) Colfax	24b. DATE Sept 18 1955	24c. NAME OF CEMETERY OR CREMATORY Colfax	24d. LOCATION (City, town, or county) (State) Mo.
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DATE REC'D BY LOCAL REG. 9-18-55	REGISTRAR'S SIGNATURE Leadw...	25. FUNERAL DIRECTOR'S SIGNATURE WILKINSON FUNERAL HOME	ADDRESS Clinton Mo.
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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 F. L. Schaberg

Licensed Embalmer No. 45

P. O. Address Clinton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.