

FILED NOV 15 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **34845**  
**9459**  
Registrar's No. ....

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. ....				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>				b. COUNTY <b>Taney</b>		
b. CITY OR TOWN <b>St Louis Mo.</b>		c. LENGTH OF STAY (If applicable place) <b>Ida.</b>		c. CITY OR TOWN <b>Branson</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>				e. STREET ADDRESS (If rural, give location) <b>Flag Rt. Oak Grove Trailer Ct. 1067</b>						
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Sherman</b>		b. (Middle) <b>S</b>		c. (Last) <b>Holmes</b>		4. DATE OF DEATH <b>10-29-55</b> (Month) (Day) (Year)		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>12/5/25</b>		9. AGE (In years last birthday) <b>29</b> IF UNDER 1 YEAR: Months Days IF UNDER 2 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Coweta Oklahoma</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Oliver A Holmes</b>			13b. MOTHER'S MAIDEN NAME <b>Jessie Piland</b>			14. NAME OF HUSBAND OR WIFE <b>Maxine Holmes</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY <b>527-18-1102</b>			17. INFORMANT'S SIGNATURE OR NAME <b>Maxine Holmes Branson, Missouri</b>			ADDRESS	
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH		
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Right frontal lobe abscess</b>						<b>2 weeks</b>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.								
		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 checked="" 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)		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 <b>10/29</b> , <b>1955</b> , to <b>10-29</b> , <b>1955</b> , that I last saw the deceased alive on <b>10-29</b> , <b>1955</b> , and that death occurred at <b>11 P</b> m., from the causes and on the date stated above.										
23a. SIGNATURE <b>Carl Smith M.D.</b> (Degree or title)				23b. ADDRESS <b>BARNES HOSPITAL</b>				23c. DATE SIGNED <b>10/30/55</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>10/31/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Branson Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Branson Missouri 11/2/55</b>				
DATE REC'D BY LOCAL REG. <b>OCT 31 1955</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Bull Campbell</b>		ADDRESS <b>Mortuary 5165 Delmar</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 15 1973

**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..... *Neal Harris*

Licensed Embalmer No. *356*  
*603 Bolneely-let*  
P. O. Address *Demay 73*

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.