

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2448

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 300 PRIMARY REG. DIST. NO. 4449 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Reynolds</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Wis</u> b. COUNTY <u>Rock</u>	
b. CITY OR TOWN <u>Ellington</u>	c. LENGTH OF STAY (in this place township) <u>3 months</u>	c. CITY OR TOWN <u>Clinton</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 HOSPITAL OR INSTITUTION <u>Carter Nursing Home</u>		STREET ADDRESS (If rural, give location) <u>311 East St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u> b. (Middle) <u>Jane</u> c. (Last) <u>Holford</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 14 56</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Feb 2, 1884</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>—</u>	9. AGE (In years last birthday) <u>71</u> IF UNDER 1 YEAR Months <u>11</u> Days <u>12</u> IF UNDER 24 HRS. Hours <u>—</u> Min. <u>—</u>
11a. BIRTHPLACE (City and State or Foreign Country) <u>Waynes, Wis</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Lant</u>		13b. MOTHER'S MAIDEN NAME <u>Doerflinger</u>	
14. NAME OF HUSBAND OR WIFE <u>—</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Raymond Holford</u> ADDRESS <u>210 Sorbus St.</u>	

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) <u>Cerebral degeneration</u>		ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
DUE TO (b) <u>Atherosclerosis</u>		DUE TO (c) <u>334X</u>		
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 type="checkbox"/> NO <input checked="" 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) (Min.)	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 Oct 15, 1955 to Jan 14, 1956, that I last saw the deceased alive on Jan 14, 1956 and that death occurred at 9:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Neville T. Carter</u>	23b. ADDRESS <u>Ellington</u>	23c. DATE SIGNED <u>Jan 15, 1956</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-15-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clinton City</u>
24d. LOCATION (City, town, or county) (State) <u>Clinton Wis</u>	DATE REC'D BY LOCAL REG. <u>Jan 18, 56</u> REGISTRAR'S SIGNATURE <u>Essie Evans</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas S. Powell</u> ADDRESS <u>Ellington</u>		

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

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Received 1-23-56  
Reynolds County Health Center  
File No. 156 - 6

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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.. Chas. S. Pruitt .....

Licensed Embalmer No. 457

P. O. Address Ellington, Tenn.

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.