

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5870

State File No. ....

FILED FEB 20 1956

BIRTH NO. .... REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Louisa</u>		c. CITY OR TOWN <u>Bowling Green</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>0820</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PIKE CO. HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Gertrude</u>	b. (Middle) <u>—</u>	c. (Last) <u>HOLMAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 18 1956</u>
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5. SEX <u>♀</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>March 20, 1903</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>13</u>	IF OVER 1 YEAR Years <u>0</u> Hours <u>—</u> Min. <u>—</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ralls Co., Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Bred Lee</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Litcher</u>	14. NAME OF HUSBAND OR WIFE <u>Earl Holman</u>
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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)	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Julia Graham Mexico Mo</u>	ADDRESS <u>—</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary occlusion</u>		<u>15 min.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Atherosclerosis</u> <u>yes</u> DUE TO (c) <u>Rheumatic heart disease</u> <u>yes</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Congest. Heart Failure &amp; Pneumonia</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>H16x</u>		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)
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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?
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22. I hereby certify that I attended the deceased from July 1953, to 1/13/56, 1956, that I last saw the deceased alive on 1/12, 1956, and that death occurred at 1:53 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John W. Middleton M.D. Louisiana</u>	23b. ADDRESS <u>—</u>	23c. DATE SIGNED <u>2/2/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 15 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ashley</u>	24d. LOCATION (City, town, or county) (State) <u>Pike Co Mo</u>
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DATE REC'D BY LOCAL REG. <u>Feb 17, 56</u>	REGISTRAR'S SIGNATURE <u>Bernice Collier</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Grace Bankhead</u>	ADDRESS <u>Bowling Green</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

FEB 20 1956

SEP 7 1956

SEP 7 1956

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 *Harold Kink*

Licensed Embalmer No. *45*

P. O. Address *Banting*

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