

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10-48

FILED MAR 27 1956

BIRTH NO. _____		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>5620</u>		Registrar's No. <u>25</u>			
1. PLACE OF DEATH a. COUNTY <u>KNOX</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>KNOX</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Liberty Twp.</u>		c. LENGTH OF STAY (in this place) <u>10 yrs</u>		c. CITY OR TOWN		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 <u>6 MI SE EDINA</u>				STREET ADDRESS (If rural, give location) <u>6 MI S.E. EDINA</u> <u>0520</u>					
3. NAME OF DECEASED (Type or Print) <u>LESLIE</u>		a. (First)		b. (Middle) <u>WILLARD</u>		c. (Last) <u>HOLMAN</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JULY 17 1893</u>			
9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13a. FATHER'S NAME <u>FINLEY M. HOLMAN</u>		13b. MOTHER'S MAIDEN NAME <u>DELPHIA M. BOWNING</u>			
14. NAME OF HUSBAND OR WIFE <u>ALTA (SIMPSON) HOLMAN</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>YES</u> <u>WORLD WAR I</u>		16. SOCIAL SECURITY NO. <u>486-14-6103</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>HARRY L. HOLMAN</u>				ADDRESS <u>HUROLAND MO</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u>  'DUE TO' (c)				INTERVAL BETWEEN ONSET AND DEATH <u>about 10 yrs</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 <u>4200</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (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 <u>Sept. 20, 1955</u> , to <u>March 10, 1956</u> , that I last saw the deceased alive on <u>Nov. 3, 1955</u> , and that death occurred at <u>6:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Francis Tarrydan M.D.</u>				23b. ADDRESS <u>Edina, Missouri</u>		23c. DATE SIGNED <u>Mar. 12 1956</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3/13 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>IOOF</u>		24d. LOCATION (City, town, or county) (State) <u>HUROLAND MO</u>			
DATE REC'D BY LOCAL REG. <u>Mar. 21-56</u>		REGISTRAR'S SIGNATURE <u>Helle S. Humolt.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geoff Easley &amp; Hurdland MO</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 28 1953

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..... *G. B. Easley Jr*

Licensed Embalmer No. *3755*

P. O. Address *Hurdland*

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.