

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10115

State File No.

FILED APR 11 1956

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 4409 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>Chelapa</u>		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chelapa</u>	
b. CITY OR TOWN <u>Newburg</u>	c. LENGTH OF STAY (in this place) <u>50 years</u>	c. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <u>Newburg</u> <u>1940</u> <u>0810</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (if rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>AMANDA</u>	b. (Middle) <u>ALICE</u>	c. (Last) <u>HOLT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 27-1956</u>
-------------------------------------	--------------------------	--------------------------	-----------------------	--

5. SEX <u>♀</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 28 1868</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
-----------------	---------------------------	---	-------------------------------------	---	---	---

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	11. BIRTHPLACE (City and State or Foreign Country) <u>Edgar Springs Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S</u>
---	-----------------------------------	--	---

13a. FATHER'S NAME <u>John Anthony</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Helms</u>	14. NAME OF HUSBAND OR WIFE
--	---	-----------------------------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, none, 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>Pete Shuffey</u>	ADDRESS <u>Rt 2 Rell 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, asphyxia, 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>Cardiac Thrombosis</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>none</u> DUE TO (c) <u>none</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>		

19a. DATE OF OPERATION <u>no</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
----------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>	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 after death to Mar 27, 1956 that I last saw the deceased alive on no, and that death occurred at 3:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. D. Newlin M.D.</u> (Degree or title)	23b. ADDRESS <u>Newburg Mo</u>	23c. DATE SIGNED <u>3/28/56</u>
---	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/30/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Olive</u>	24d. LOCATION (City, town, or county) (State) <u>Near Newburg Mo</u>
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. <u>April 2, 1956</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Stoeck</u>	25. FUNERAL DIRECTOR'S SIGNATURE (Address) <u>Lee Johnson Newburg Mo</u>
---	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Phelps County Health Officer,

County File Number 381

APR 10 1958

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
Student Embalmer

Signed

Lee Johnson

Licensed Embalmer No. 3392

P. O. Address Newburg Mo

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 this body is not embalmed, fact should be so stated above.