

FILED MAY 2 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12264

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>6</u>		PRIMARY REG. DIST. NO. <u>3001</u>		Registrar's No. <u>17</u>	
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR -TOWN <u>Vandalia</u>		c. LENGTH OF STAY (in this place) <u>3 months</u>		c. CITY OR TOWN <u>Vandalia</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>1213 Cleveland</u>				e. STREET ADDRESS (If rural, give location) <u>1213 Cleveland</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert Lee</u> b. (Middle) <u>Holman</u> c. (Last) <u>Holman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 11, 1956</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 15, 1894</u>		9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>27</u> Days <u>27</u> Hours <u></u> Mins. <u></u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Refractories</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Perry, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Mert Holman</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Porter</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Holman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>492-09-1487</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elizabeth Holman, Vandalia, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>terminal bronchopneumonia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) <u>chronic pyelonephritis</u> DUE TO (c) <u>malignant hypertension</u>  II: OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>4 years</u> <u>&gt; months</u>	
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)		6000	
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>Jan 4, 1956</u> , to <u>April 11, 1956</u> , that I last saw the deceased alive on <u>April 11, 1956</u> , and that death occurred at <u>9:00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Ernest Wilson MD</u>				23b. ADDRESS <u>Vandalia Mo</u>		23c. DATE SIGNED <u>4/27/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 14, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Vandalia, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>April 28 1956</u>		REGISTRAR'S SIGNATURE <u>Doris Fugate</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>William B. Waters Vandalia, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 2 1930

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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 by me, or by ..... Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *William B. Waters*

Licensed Embalmer No. *4*

P. O. Address *Vandalia*

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.