

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12323

State File No.

FILED APR 30 1956

BIRTH NO. _____ REG. DIST. NO. 31 PRIMARY REG. DIST. NO. 5108 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE - <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cole Camp Rural Williams</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cole Camp Rural Williams Township</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>½ Miles West of Cole Camp</u>		d. STREET ADDRESS (If rural, give location) <u>½ Mile West of Cole Camp</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Margaret</u>	b. (Middle) <u>Edith</u>	c. (Last) <u>Holmes</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 21st 1956</u>
-------------------------------------	----------------------------	--------------------------	-------------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 16th 1878</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hour	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 <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>West Virginia</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
---	---	--	---

13a. FATHER'S NAME <u>Charles Powers</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Elizabeth Benett</u>	14. NAME OF HUSBAND OR WIFE <u>H Davis Holmes</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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Juanita Brewer</u>	ADDRESS <u>Cole Camp 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		INTERVAL BETWEEN ONSET AND DEATH <u>3 min</u> <u>10 hr</u> <u>20 yr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		
	ANTECEDENT CAUSES *Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>senility</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4:20</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) _____
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____	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 Jan 27, 1956, to April 21, 1956, that I last saw the deceased alive on April 18, 1956, and that death occurred at 1:40 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harold D. Wacker</u>	23b. ADDRESS <u>Cole Camp Mo</u>	23c. DATE SIGNED <u>Apr 23, 1956</u>
--	----------------------------------	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr 23, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cole Camp Memorial</u>	24d. LOCATION (City, town, or county) (State) <u>Cole Camp Mo</u>
---	-------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>Apr 23, 1956</u>	REGISTRAR'S SIGNATURE <u>E L Eickhoff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E L Eickhoff</u>	ADDRESS <u>Cole Camp Mo</u>
--	---	--	-----------------------------

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

E. L. Erickson

Signed.....
Student Embalmer

Licensed Embalmer No..... 730

P. O. Address..... Cole Camp 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.