0.300
0.48

FILED MAY 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17351

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5986 Registrar's No. 60

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Crocker, Mo Rt. 1
c. LENGTH OF STAY (in this place): 36 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pulaski 0850
c. CITY OR TOWN: Crocker, Mo
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒ 0
e. STREET ADDRESS (If rural, give location): Rural Rt. 1.

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Elizabeth
c. (Last): Holt.

4. DATE OF DEATH (Month) (Day) (Year): 5/ 7/ 56

5. SEX: Female/
6. COLOR OR RACE: White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married. /
8. DATE OF BIRTH: March 18, 1876
9. AGE (In years last birthday): 80 — 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): Housewife.
10b. KIND OF BUSINESS OR INDUSTRY: None.
11. BIRTHPLACE (City and State or Foreign Country): Newport, Tenn. /
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James H. Holdway
13b. MOTHER'S MAIDEN NAME: Nancy Unknown.
14. NAME OF HUSBAND OR WIFE: William Bennett Holt.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: None.
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: William Holt Crocker, Mo Rt. 1

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): congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arterio sclerosis heart disease — 10 yr
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
cerebral arterio sclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4 200
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-15, 1956 *to* 4-15, 1956, *that I last saw the deceased alive on* 4-15, 1956, *and that death occurred at* 12:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R E Musser MD 0
23b. ADDRESS: Waynesville, Missouri
23c. DATE SIGNED: 5/7/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/9/56
24c. NAME OF CEMETERY OR CREMATORY: Crocker Memorial Cemetery
24d. LOCATION (City, town, or county) (State): Crocker, Mo.

DATE REC'D BY LOCAL REG.: 5-7-56
REGISTRAR'S SIGNATURE: Eula Mae Anderson
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: B/ Hedges Richland Mo
Hedges Funeral Home Crocker, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

158
0

APR 8 1957

RECEIVED 5-9-56
Lucas County Health Office
File Number
Date Filed 5-18-56

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence Shose

Licensed Embalmer No. 482

P. O. Address Waynesvi

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.