

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33573

State File No.

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 212

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u>	c. LENGTH OF STAY (in this place) <u>2 1/2 yrs.</u>	c. CITY OR TOWN <u>Washington</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 (If not in hospital or institution, give street address or location) <u>St. Francis Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>West Fifth St. 03620</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>HADLEY</u>	b. (Middle) <u>V.</u>	c. (Last) <u>HOLT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 15, 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 18, 1930</u>	9. AGE (In years last birthday) <u>26</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>27</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, and if retired) <u>Shoe Worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Debs Shoe Co</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Washington, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Ulysses Holt</u>	13b. MOTHER'S MAIDEN NAME <u>Elva Pinnell</u>	14. NAME OF HUSBAND OR WIFE <u>Reggie June Holt</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>Yes 8/19/47 to 6/19/50</u>	16. SOCIAL SECURITY NO. <u>486-38-0495</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ulysses Holt</u>	ADDRESS <u>Washington, Missouri</u>
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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, asthemia, 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>Severe cerebral convulsion</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Crossed comminuted fracture of rt hip, frostbite hips</u> DUE TO (c) _____ 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Highway 4 1/2 miles N. of Washington</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Buttontown Warren Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 10, 1956 6P m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto accident</u>
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22. I hereby certify that I attended the deceased from Oct 10, 1956, to Oct 15, 1956, that I last saw the deceased alive on Oct 10, 1956, and that death occurred at 5:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. P. ...</u>	23b. ADDRESS <u>Washington Mo</u>	23c. DATE SIGNED <u>10/16/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 17, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Borgia</u>	24d. LOCATION (City, town, or county) (State) <u>Washington, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>10/16/56</u>	REGISTRAR'S SIGNATURE <u>R. J. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Richburg & Witt, Inc.</u>	ADDRESS <u>Washington, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

99-2

1255

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 Vernon C Vedder, Student Embalmer No. 537 working under my personal supervision..

Student Vernon C Vedder
Signature of Student Embalmer

Signed Lester A. Pitt
Licensed Embalmer No. 3259

P. O. Address Washington

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.