

Health, Welfare, Public Services

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34809
STATE FILE NUMBER

FILED OCT 22 1956

46989-56 Registration District No. 212 Primary Registration District No. 5779 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY MILLER			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY MILLER		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-FRANKLIN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN ELDON		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Aurora-Springs		Length of stay in lb 2 mo-13 days	d. STREET ADDRESS (If outside, give location) Aurora-Springs		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Janet Middle Lee Last HOLIMAN			4. DATE OF DEATH Month Oct Day 5 Year 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 22 July 1956		9. AGE (In years last birthday) X IF UNDER 1 YEAR Months 2 Days 13 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY Child	11. BIRTH PLACE (City and state or country) Tuscumbia-Mo		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Billy-Gene-HOLIMAN			14. MOTHER'S MAIDEN NAME Betty-Jo-BROWN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Betty Jo HOLIMAN-ELDON Mo Address	
18. CAUSE OF DEATH [Enter only one cause or give for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cause of death withheld pending report from autopsy findings.					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) DUE TO (c) 					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) None			
20c. TIME OF INJURY Hour Month Day Year a. m. p. m. None					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) None		20f. CITY, TOWN, OR LOCATION None	
21. I attended the deceased from 10/5/56 to 10/5/56 and last saw her alive on 10/5/56 Death occurred at 11:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Keith E. Murrell DO (Degree or title)			22b. ADDRESS Eldon, Mo		22c. DATE SIGNED 10/16/56
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 9 Oct-1956	23c. NAME OF CEMETERY OR CREMATORY Doohy		23d. LOCATION (City, town, or county) (State) Miller-Co. Mo
24. FUNERAL DIRECTOR Keith M. Kaye ADDRESS Eldon Mo		25. DATE RECD. BY LOCAL REG. 8 Oct-1956		26. REGISTRAR'S SIGNATURE Adrianna Waltz	

300
-56

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

MEDICAL CERTIFICATION

RECEIVED

OCT 16 '56

Miller County
Health Department

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 *Keith M. Kaye*.....
Licensed Embalmer No. *29*.....

P. O. Address *Eldon*.....

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.