

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34932**

FILED NOV 15 1956

BIRTH NO. _____		REG. DIST. NO. 272		PRIMARY REG. DIST. NO. 3912		Registrar's No. 41	
1. PLACE OF DEATH a. COUNTY Boonville				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Boonville			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Steele Va		c. LENGTH OF STAY (In this place) 3 yrs		c. CITY OR TOWN Steele		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) Rt 2 0780			
3. NAME OF DECEASED (Type or Print) a. (First) Harmer b. (Middle) Anson c. (Last) Holt			4. DATE OF DEATH (Month) (Day) (Year) 11-6-56				
5. SEX M		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 1-14-1902	
9. AGE (In years last birthday) 54		IF UNDER 1 YEAR Months 10 Days 25		IF UNDER 24 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY Farm Labor		11. BIRTHPLACE (City and State or Foreign Country) Gibson Co Tenn		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME George Holt			13b. MOTHER'S MAIDEN NAME Eller Cantrell		14. NAME OF HUSBAND OR WIFE Dosie Holt		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Jan 21 to Dec 22			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dosie Holt Steele Mort.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Farmed dead in bed					
		ANTECEDENT CAUSES					
		*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) No medical aid					
		DUE TO (c) No foul play					
		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"/>	
						7953	
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) (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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) L.R. Robinson			23b. ADDRESS L.R. Steele Mo.			23c. DATE SIGNED 11-9-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE 11-7-56		24c. NAME OF CEMETERY OR CREMATORY Oak Ridge		24d. LOCATION (City, town, or county) (State) Boonville Mo	
DATE REC'D BY LOCAL REG. 11-9-56		REGISTRAR'S SIGNATURE L.R. Robinson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman and Co. Steele Mo			

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

249-0

11-293-54

NOV 13 1956

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

NOV 15 1956

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John G. German*

Licensed Embalmer No. 4355

P. O. Address *Dayton, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.