

STANDARD CERTIFICATE OF DEATH

FILED NOV 26 1956

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

BIRTH NO. _____		REG. DIST. NO. 227		PRIMARY REG. DIST. NO. 4339		Registrar's No. 50	
1. PLACE OF DEATH a. COUNTY Monroe				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY monroe			
b. CITY (If outside corporate limits, write RURAL and give township) Paris		c. LENGTH OF STAY (in this place) 2 yrs.		c. CITY OR TOWN Madison		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION XXXXXXXXXX				e. STREET ADDRESS (If rural, give location) rural			
3. NAME OF DECEASED (Type or Print) a. (First) John			b. (Middle) William		c. (Last) Holder		4. DATE OF DEATH (Month/Day/Year) (11/19/56)
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH 8/31/1878		9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lead Stock Buyer	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Monroe Co, R R			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Wesley Holder		13b. MOTHER'S MAIDEN NAME Amanda Evalina Sanders		14. NAME OF HUSBAND OR WIFE Bertha Harmon			
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. 519-24-8811		17. INFORMANT'S SIGNATURE OR NAME Mrs. Jennie King			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Disease Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 Days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				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)		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 Nov 19, 1956 to Nov 19, 1956 , that I last saw the deceased alive on Nov 19, 1956 , and that death occurred at 5:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Geo. M. Reppe				23b. ADDRESS Paris, Mo		23c. DATE SIGNED 11-21-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/21/56	24c. NAME OF CEMETERY OR CREMATORY Oak Grove		24d. LOCATION (City, town, or county) (State) Madison R R MO		
DATE REC'D BY LOCAL REG. 11-21-56		REGISTRAR'S SIGNATURE F. A. Barnet			25. FUNERAL DIRECTOR'S SIGNATURE Judith Kimpton		
				ADDRESS Madison Mo			

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 *Mrs. Fred C. Kump*

Licensed Embalmer No. *328*

P. O. Address *Madison*

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.