

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45016

STATE FILE NUMBER

FILED APR 17 1957

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville,		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Crocker
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Waynesville General Hospital		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Rural Rt.
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) William Bennett Holt			4. DATE OF DEATH Oct 11, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 5, 1877	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) Minister		10b. KIND OF BUSINESS OR INDUSTRY Farming.	11. BIRTHPLACE (City and state or country) Iron Co. Mo	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William F. Holt			14. MOTHER'S MAIDEN NAME Nancy Gilbert		
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 Ann Smith Waynesville, Mo		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia (bacterial)		INTERVAL BETWEEN ONSET AND DEATH 30 days 2 weeks 12 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypertension	
	DUE TO (c) Arteriosclerosis	
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 type="checkbox"/> NO <input checked="" 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.) no	
20c. TIME OF INJURY Hour — Month, Day, Year —		
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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **Sept 11, 1956** to **Oct 11, 1956** and last saw him alive on **Oct 11, 1956**
Death occurred at **3 A. M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **C. Walters, M.D.** 22b. ADDRESS **Crocker Mo** 22c. DATE SIGNED **Apr 14 1957**

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/14/56	23c. NAME OF CEMETERY OR CREMATORY Crocker Cemetery.	23d. LOCATION (City, town, or county) (State) Crocker Mo
24. FUNERAL DIRECTOR Walter P. Neugebauer ADDRESS Crocker, Mo		25. DATE RECD. BY LOCAL REG. 4-15-57	26. REGISTRAR'S SIGNATURE Charles Spae Anderson

(Licensed Embalmer's Statement on Reverse Side)

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

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Date Filed 4-15-57
File Number 47
Pulaski County Health Officer

RECEIVED
4-16-57

APR 18 1957

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..... *Walter P. Kesper*

Licensed Embalmer No. 470

P. O. Address *Hercy, Mo*

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.