

Health,
Welfare
Public
Service

300
1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JAN 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

758

STATE FILE NUMBER

Registration District No. 93 Primary Registration District No. 4153 Registrar's No. 57-5

1. PLACE OF DEATH a. COUNTY <u>Moade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moade</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lockwood</u>		c. CITY OR TOWN <u>Everton</u> ²²⁹⁰	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lockwood Hosp.</u>		d. STREET ADDRESS <u>R.R. 2</u>	
3. NAME OF DECEASED (Type or print) First <u>GILES</u> Middle <u>C.</u> Last <u>HOLMAN</u>		4. DATE OF DEATH Month <u>Jan</u> Day <u>7</u> Year <u>1957</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 1 - 1925 - 31</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and state or country) <u>Ladueville Louisiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Giles Holman</u>		14. MOTHER'S MAIDEN NAME <u>Amy C. Hortfield</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>486-30-5753</u>	17. INFORMANT <u>Agnes Holman - R 2 Everton Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Nephrosclerosis</u> DUE TO (c) <u>Diabetes Mellitus</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>9 months</u> <u>9 months</u> <u>18 years</u>
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.)		
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>		
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 <u>April 3rd 1956 to Jan. 7th 1957</u> and last saw ^{him} alive on <u>1-7-1957</u> Death occurred at <u>11:50 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.</u>			
22a. SIGNATURE (Degree or title) <u>Max Heilmann M.D.</u>		22b. ADDRESS <u>Lockwood, Mo</u>	22c. DATE SIGNED <u>1-8-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Jan 10-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hampton Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Everton, Mo.</u>
24. FUNERAL DIRECTOR <u>Boyle L. Samuel Ash Grove, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1-10-57</u>	26. REGISTRAR'S SIGNATURE <u>J. C. Canada</u>

JUN 1 0 1958

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 *Boyle L. Samuel*
Licensed Embalmer No. *475*

P. O. Address *Park Grove*

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.