Health, & Welfare Public Service

5. 300
. 1-56

Securing the medical certification in the specific manner requested by this form, not only will the death certificate be completed in the most complete manner, but the Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAR 27 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9033
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 121

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Blue Twp Rural — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Rt.3, Bly Road — Length of stay in 1b: 35 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Independence 7000 0 — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rt.3, Bly Road — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: CLIFFORD Middle: W. Last: HOLMAN

4. DATE OF DEATH Month Day Year: Mar. 19, 1957

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Jan. 18, 1902

9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cabinet Maker

10b. KIND OF BUSINESS OR INDUSTRY: Gen. Woodworking Co.

11. BIRTHPLACE (City and state or country): Belle, Missouri 0

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Newton Holman

14. MOTHER'S MAIDEN NAME: Sarah Leona Shockley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 487-05-7319

17. INFORMANT Address: Lorene Holman, Rt.3, Independence, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Embolus — INTERVAL BETWEEN ONSET AND DEATH: 5 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Myocardial Infarction — 7 Days
DUE TO (c) Coronary Sclerosis — 5 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4 201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 March 16th. to March 19th and last saw her/him alive on March 19th. Death occurred at 2:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): D.O. 2

22b. ADDRESS: 104 1/2 W. Maple Independence, Missouri

22c. DATE SIGNED: 3-20-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Mar. 22, 1957

23c. NAME OF CEMETERY OR CREMATORY: Salem Cemetery

23d. LOCATION (City, town, or county) (State): Jackson County, Missouri

24. FUNERAL DIRECTOR ADDRESS: George C. Carson, Independence, Mo.

25. DATE RECD. BY LOCAL REG.: 3-21-57

26. REGISTRAR'S SIGNATURE: James L. Kelly

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MAR 25 1957

FEB 13 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

~~by me, or~~ by John A. Dedmon, Student Embalmer No. 54

working under my personal supervision..

Student John C. Dedmon
Signature of Student Embalmer

Signed Floyd C. Casso

Licensed Embalmer No. 41

P. O. Address Gdep

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.