

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **13186**
1646

FILED APR 25 1957

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1007 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Houses City, Mo.</u>		c. CITY OR TOWN <u>Parkville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>16 Wks</u>		* STREET ADDRESS (If rural, give location) <u>Route 2 Box 18</u> <u>0830</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Lukes Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lynn</u> b. (Middle) <u>E.</u> c. (Last) <u>Holt</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-7-57</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>4-21-02</u>	9. AGE (In years) (Month) (Day) (Year) <u>54</u>	10. IF UNDER 1 YEAR Days	11. IF UNDER 1 HR. Hours	12. IF UNDER 1 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrical Engineer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>K.C. Power Light Co</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Colorado Springs Colo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Edward A. Holt</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Eaton</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs Bernice Holt Parkville Mo</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>486-10-7786</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Bernice Holt</u> ADDRESS <u>RR1 - Parkville Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the stomach</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 hr</u>
	ANTECEDENT CAUSES Morbid 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Extensive carcinoma stomach & metastases</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Feb. 1, 1957, to 4-7, 1957, that I last saw the deceased alive on 4-7, 1957, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. W. Greene</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>4670 Nichols Parkway</u>	23c. DATE SIGNED <u>4-7-57</u>
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24a. FUNERAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>April 10 - 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Edenwood</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>
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DATE REC'D BY LOCAL REG. <u>4-9-57</u>	REGISTRAR'S SIGNATURE <u>Wesley Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lebud G. Francis</u> ADDRESS <u>901 Main Parkville Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 16 1961



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.....
Leland H. Francis

Licensed Embalmer No. *3451*

P. O. Address *Parkville*

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.