

FILED JUL 9 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH57021692  
STATE FILE NUMBERRegistration District No. 171 Primary Registration District No. 4266 Registrar's No. 22

|   |                                  |   |  |  |   |
|---|----------------------------------|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Lafayette</u>   |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u> |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Rural I Wellington</u>  |                                  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | c. CITY<br>OR TOWN <u>Rural I Wellington</u>   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION  |                                  | Length of stay in 1b<br><u>60 yrs.</u>  | d. STREET ADDRESS<br><u>R.R. I Wellington</u>  |  | (If outside, give location)<br>Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                    |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>JOHN</u> Middle <u>HENRY</u> Last <u>HOLKE</u>   |                                  |   | 4. DATE OF DEATH<br>Month <u>June</u> Day <u>5</u> Year <u>1957</u>  |  |   |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Dec. 14, 1869</u>   | 9. AGE (In years last birthday)<br><u>86</u>                           | IF UNDER 1 YEAR<br>Months _____ Days _____ Hours _____ Min. _____<br>IF UNDER 24 HRS.<br>Months _____ Days _____ Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Retired Farmer</u>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Farming</u>   |  | 11. BIRTHPLACE (City and state or country)<br><u>Augusta, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |
| 13. FATHER'S NAME<br><u>Henry Holke</u>   |                                  |   | 14. MOTHER'S MAIDEN NAME<br><u>Catherine Sophia Kock</u>   |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |                                  | 16. SOCIAL SECURITY NO.<br><u>No</u>  |  | 17. INFORMANT<br>Address<br><u>Mrs. Arthur Flucke Wellington, Mo.</u>  |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cardiac Decompensation</u>  |                                  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 Weeks</u>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>Cardio Vascular Renal Syndrome</u>  |                                  |   |  |  | <u>1 year</u>   |
| DUE TO (c) _____  |                                  |   |  |  | <u>442 X</u>  |
| 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?<br>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.)   |  |   |
| 20c. TIME OF INJURY<br>Hour _____ Month _____ Day _____<br>a. m. _____ p. m. _____  |                                  |   |  |  |   |
| 20d. INJURY OCCURRED WHILE AT <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>Mar. 1952</u> to <u>June 5 1957</u> and last saw <sup>her</sup> him alive on <u>June 5, 1957</u><br>Death occurred at <u>5:00</u> <u>P</u> m on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |  |  |   |
| 22a. SIGNATURE<br><u>[Signature]</u> (Degree or title) <u>D.O.</u>  |                                  |   | 22b. ADDRESS<br><u>Wellington, Mo.</u>   |  | 22c. DATE SIGNED<br><u>7-I-57</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>June 8, 1957</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Napoleon Cemetery St. Pauls Napoleon, Mo.</u>  |  | 23d. LOCATION (City, town, or county) (State)                          |   |
| 24. FUNERAL DIRECTOR<br>ADDRESS<br><u>J. C. Sheppard Wellington, Mo.</u>  |                                  | 25. DATE RECD. BY LOCAL REG.<br><u>7-3-57</u>   |  | 26. REGISTRAR'S SIGNATURE<br><u>Emma Davidson</u>                      |   |

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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

*J. Clair Sheppard*

Licensed Embalmer No. 41

P. O. Address *Wellington*

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.