

Health, Welfare Public Service

FILED SEP 3 1957

STANDARD CERTIFICATE OF DEATH

THE DIVISION OF HEALTH OF MISSOURI

28017

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 844

300 / -57 J

1. PLACE OF DEATH a. COUNTY Greene County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, give TOWNSHIP only) Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Marionville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mercy Infirmary		Length of stay in 1b 2 months	d. STREET ADDRESS (If outside, give location) Central St.
		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First Martha	Middle Andrew	Last Holt	4. DATE OF DEATH Month August Day 27 Year 1957
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5. SEX Female	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 April 8, 1864	9. AGE (in years last birthday) 93	10. FUNDER 1 YEAR Months 7 Days 19 Hours Min. 	11. UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Lawrence Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME John Hight	13b. MOTHER'S MAIDEN NAME Hillhouse	14. NAME OF HUSBAND OR WIFE Hiram Holt
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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.	17. INFORMANT Fred Holt, Springfield, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTEROSCLEROTIC HEART DISEASE WITH CORONARY INSUFFICIENCY		INTERVAL BETWEEN ONSET AND DEATH SEVERAL YRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200		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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	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
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21. I attended the deceased from 4/17/57 to 8/27/57 and last saw her alive on 8/16/57 Death occurred at 12:30 p. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Blenn O. T. ... M.D.	(Degree or title)	22b. ADDRESS Springfield Mo.	22c. DATE SIGNED 8/28/57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 30, 1957	23c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cem.	23d. LOCATION (City, town, or county) (State) Marionville, Missouri
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24. FUNERAL DIRECTOR J. B. Surridge Marionville Mo.	25. DATE RECD. BY LOCAL REG. 8-28-57	26. REGISTRAR'S SIGNATURE Edith Williams
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DEC 3 1957

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 *William A. Fuller*

Licensed Embalmer No. *4658*
P. O. Address *Marionville*

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.