Health, & Welfare
Public
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 28 1957

34884
STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1145

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION missouri Methodist — Length of stay in 1b: 8 Hours

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE missouri b. COUNTY Andrew
c. CITY OR TOWN Savannah OR d. STREET ADDRESS 307 Hehwy (If outside, give location) — Inside Limits Yes [X] No [ ] — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Alpharetta Middle: Last: Holt

4. DATE OF DEATH Month: Oct Day: 24 Year: 1957

5. SEX Female **6. COLOR OR RACE** White **7. MARRIED** [ ] **NEVER MARRIED** [X] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH Nov. 8-1871

9. AGE (In years last birthday) 85 — 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) At Home **10b. KIND OF BUSINESS OR INDUSTRY** Home

11. BIRTHPLACE (City and state or country) Andrew Co Mo **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME John J. Holt **13b. MOTHER'S MAIDEN NAME** Sarah Landers **14. NAME OF HUSBAND OR WIFE** —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no **16. SOCIAL SECURITY NO.** no **17. INFORMANT** Address Savannah Mo
Miss Susan Holt 307 Hehwy St

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) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 12 Hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart
DUE TO (c) Disease c Congestive failure 2 yrs.
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 [ ] NO [X]

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 3-16-56, to 10-23-57 and last saw her/him alive on 10-23-57
Death occurred at 2:44 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Warren C Baker (Degree or title) M.D. **22b. ADDRESS** Savannah, Mo. **22c. DATE SIGNED** 10-24-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial **23b. DATE** 10-26-57 **23c. NAME OF CEMETERY OR CREMATORY** Savannah **23d. LOCATION** (City, town, or county) Savannah (State) Mo

24. FUNERAL DIRECTOR Breit Funeral Home **ADDRESS** Savannah Mo **25. DATE RECD. BY LOCAL REG.** Oct. 25, 1957 **26. REGISTRAR'S SIGNATURE** Mrs. Robert Fulton

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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JAN 8 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 E. C. Brent

Licensed Embalmer No. 2650

P. O. Address Savannah, Ga.

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.