

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36617

STATE FILE NUMBER

FILED OCT 23 1957

Registration District No. 206 Primary Registration District No. 3042 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <u>Madison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Madison</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fredericktown</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Fredericktown</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>416 E. College</u>			Length of stay in lb <u>52 yrs.</u>		d. STREET ADDRESS <u>416 E. College</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <u>Cora Webb Holmes</u> <i>First Middle Last</i>				4. DATE OF DEATH <u>Sept. 20, 1957</u> <i>Month Day Year</i>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Sept. 9, 1879</u>		9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and state or country) <u>Coldwater, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13. FATHER'S NAME <u>Bank Wakefield</u>				14. MOTHER'S MAIDEN NAME <u>Sarah Ward</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>498-40-3686</u>		17. INFORMANT <u>Goff Holmes</u> Address <u>Fredericktown, Mo.</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage with</u> <u>Cerebral Hemorrhage Sept 13 57</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Atherosclerosis, Hypertension</u> DUE TO (c) <u>331X</u>								INTERVAL BETWEEN ONSET AND DEATH <u>years</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? 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 Hour Month, Day, Year 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
21. I attended the deceased from <u>Sept. 1, 1957</u> to <u>Sept. 20, 57</u> and last saw her alive on <u>Sept. 19, 57</u> Death occurred at <u>5:10 PM Sept 20 57</u> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>McSlaughter M.D.</u> (Degree or title)					22b. ADDRESS <u>135 W Main Fredericktown</u>			22c. DATE SIGNED <u>9-24-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9/22/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Christian Cemetery</u>		23d. LOCATION (City, town, or county) <u>Fredericktown, Mo.</u> (State)				
24. FUNERAL DIRECTOR <u>Najim Funeral Home</u> ADDRESS <u>Fredericktown, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>9-24-1957</u>		26. REGISTRAR'S SIGNATURE <u>Florence Hicks</u>			

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.

RECEIVED
OCT 21 1957
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FILE No. 1057-61

OCT 28 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: Charles McSarty
.....

Licensed Embalmer No. 48

P. O. Address Fredericktown

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.