

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41058

STATE FILE NUMBER

FILED DEC 9 - 1957

Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 283

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Linn	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MARCELINE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN MARCELINE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANCIS Length of stay in 1b 2 DAYS		d. STREET ADDRESS (If outside, give location) 107 E. CROCKER Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) JAY AUGUST BURK HOLDER First Middle Last		4. DATE OF DEATH NOV. 27 1957 Month Day Year	
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JUNE 28 1886
9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 4 Days 29	IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARM	11. BIRTHPLACE (City and state or country) SHELBY MO.
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME DANIEL BURK HOLDER	
14. MOTHER'S MAIDEN NAME CAROLINE GALMAN		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. 493-38-762		17. INFORMANT Sarah Burkholder Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertensive cardiovascular disease DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 3 days
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.) 443X		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 Nov 25 to Nov 27 and last saw him alive on 11-27-57 Death occurred at 9:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE George Jayne (Degree or title)		22b. ADDRESS Marceline, Missouri	
22c. DATE SIGNED 11-29-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 11-29-57	
23c. NAME OF CEMETERY OR CREMATORY PURDIN CEM.		23d. LOCATION (City, town, or county) (State) PURDIN Mo.	
24. FUNERAL DIRECTOR MILLER-Tillotson ADDRESS MARCELINE		25. DATE RECD. BY LOCAL REG. NOV-29-57	
26. REGISTRAR'S SIGNATURE Broovie Owens			

DEC 10 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 *Elburn K. Tellotso*

Licensed Embalmer No. *450*

P. O. Address *Marcel*

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.