

FILED JAN 8 1958

STANDARD CERTIFICATE OF DEATH

44408

STATE FILE NUMBER
5991

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN RAYTOWN	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH Hosp.		d. STREET ADDRESS (If outside, give location) 10900 E 59th.	
3. NAME OF DECEASED (Type or print) First Middle Last LUTHER CLAUDE HOLWELL		4. DATE OF DEATH Month Day Year DEC - 17 - 1957	
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 1891 SEPT. 27, 1957
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINTAINANCE MAN		10b. KIND OF BUSINESS OR INDUSTRY Rock Hill Bowl	11. BIRTHPLACE (City and state or country) TIPTON, MISSOURI
13a. FATHER'S NAME HENRY C. HOLWELL		13b. MOTHER'S MAIDEN NAME JULIA ANN GOODWIN	14. NAME OF HUSBAND OR WIFE ANNA MAE
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. 440-18-1188	17. INFORMANT Address MRS. L.C. HOLWELL - 10900 E 59th.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction			INTERVAL BETWEEN ONSET AND DEATH 6 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease			6 months
DUE TO (c) _____			4200
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 <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 12-17-57 to 12-17-57 and last saw him alive on 12-17-57 Death occurred at 7:00 PM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Albert I. Decker MD		22b. ADDRESS Kansas City, Mo.	22c. DATE SIGNED 12-18-57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12-20-1957	23c. NAME OF CEMETERY OR CREMATORY GREEN LAWN CEM.	23d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI
24. FUNERAL DIRECTOR C.H. BLACKMAN & SON INC. - K.C., Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 12-18-57	26. REGISTRAR'S SIGNATURE Thera Marshall

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.

Albert I. Decker USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Dr. Albert Decker
Wal & Heim Bldg
3:30 - 5:00

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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 *Bert B. Bennett*

Licensed Embalmer No. *4656*

P. O. Address *15. C. 270*

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.