

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **44982**  
Registrar's No. **54**

FILED DEC 31 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **179** PRIMARY REG. DIST. NO. **5667**

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Bedford</b>		c. CITY OR TOWN <b>Troy Troy</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lincoln County Memorial Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>0570</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ALMA</b> b. (Middle) <b>RICHARDS</b> c. (Last) <b>HOLMES</b>			4. DATE OF DEATH <b>Dec. 23, 1957</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan. 29, 1879</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>24</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Moscow Mills MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>

13a. FATHER'S NAME <b>John E. Richards</b>		13b. MOTHER'S MAIDEN NAME <b>Ida Carter</b>		14. NAME OF HUSBAND OR WIFE <b>Wm. D. Holmes</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Tom Hammack Troy MO.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Carcinoma Testis</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Troy MO.</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **11/1**, 19**57**, to **Dec. 23**, 19**57**, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **9:30 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. C. Esch</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Troy Mo</b>	23c. DATE SIGNED <b>12/24/57</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 25, 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Troy City Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Troy MO.</b>		

DATE REC'D BY LOCAL REG. <b>DEC 27 1957</b>	REGISTRAR'S SIGNATURE <b>Will B. Schoenheim</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>D. W. Mc Coy Troy Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

550

**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 *D.W. McCoy* .....  
Licensed Embalmer No. *3586* .....  
P. O. Address *Lroy Mo* .....

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.