

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

793

State File No. ....

FILED FEB 13 1958

BIRTH NO. _____		REG. DIST. NO. <u>114</u>		PRIMARY REG. DIST. NO. <u>4186</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sullivan Mo.</u>		c. LENGTH OF STAY (In institution) <u>17 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sullivan Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Northside Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>03610</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Alice</u> c. (Last) <u>Holt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 4 1958</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Jan. 19 1876</u>	
9. AGE (In years, last birthday) <u>82</u>		10. USEFUL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
10a.		11.		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>James Souders</u>			13b. MOTHER'S MAIDEN NAME <u>Maggie Hethcock</u>			14. NAME OF HUSBAND OR WIFE <u>Pete Holt</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> <u>None</u>		16. SOCIAL SECURITY <u>487-36-2498A</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Maurice Holt 3320 Ivanhoe</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRONCHIAL PNEUMONIA</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 DAY</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CEREBRAL THROMBOSIS (RECURRENT)</u> <u>2 MONTHS</u> DUE TO (c) <u>ARTEROSCLEROSIS</u> <u>YEARS</u>  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 <u>332X</u>				20. AUTOPSY? <u>2</u> 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>JUNE 13, 1955</u> , to <u>FEB 4, 1958</u> , that I last saw the deceased alive on <u>FEB 4, 1958</u> , and that death occurred at <u>12:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert J. Sullivan</u>				23b. ADDRESS <u>Sullivan Missouri</u>		23c. DATE SIGNED <u>Feb 5 '58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 7 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old Argo Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Franklin Missouri</u>	
DATE REC'D BY LOCAL REG. <u>2-7-58</u>		REGISTRAR'S SIGNATURE <u>Thomas A. Dempsey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rob. L. Shaffer</u>		ADDRESS <u>Sullivan Mo</u>	

**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 .....  
Student Embalmer

Signed Pho. P. Shaffer

Licensed Embalmer No. 2692

P. O. Address Sullivan 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 this body is not embalmed, fact should be so stated above.