

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2009**
Registrar's No. **#10**

FILED JAN 27 1958

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043**

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ralls	
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal	c. LENGTH OF STAY (In this place) 2 days	c. CITY OR TOWN New London	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth Hospital		STREET ADDRESS (If rural, give location) 0870	

3. NAME OF DECEASED (Type or Print) a. (First) HARRY	b. (Middle) MC CUNE	c. (Last) HOLMAN	4. DATE OF DEATH (Month) (Day) (Year) JAN. 18 1958
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MARCH 9-1889	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE PAINTER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) RALLS Co. NEAR NEW LONDON MO.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JOE McCune HOLMAN	13b. MOTHER'S MAIDEN NAME MARY JANE McCUNE	14. NAME OF HUSBAND OR WIFE STELLA HOLMAN
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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. 491-14-2015	17. INFORMANT'S SIGNATURE OR NAME Joseph Holman, Center Missouri	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarct, acute		INTERVAL BETWEEN ONSET AND DEATH 1 day
	ANTECEDENT CAUSES DUE TO (b) Chronic valvular heart disease		
	DUE TO (c) Arterioscleriotic vascular disease		
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? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **1/16/58**, 19___, to **1/18/58**, 19___, that I last saw the deceased alive on **1/18/58**, 19___, and that death occurred at ___ m., from the causes and on the date stated above.

23a. SIGNATURE Henry Lanning, M.D.	23b. ADDRESS 115 North 15th St. Hannibal, Mo.	23c. DATE SIGNED 1/20/58
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Jan 21 1958	24c. NAME OF CEMETERY OR CREMATORY Barkley Cemetery	24d. LOCATION (City, town, or county) (State) New London Mo.
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DATE REC'D BY LOCAL REG. Jan 20 1958	REGISTRAR'S SIGNATURE H. Em Luke By H. C. Fisher	25. FUNERAL DIRECTOR'S SIGNATURE J. M. Meason	ADDRESS Frankford Mo
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JAN 24 1958
MARION CO. HEALTH DEPT.
DATE FILED JAN 24 1958

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..... *Jane Fields Magowan*

Licensed Embalmer No. *4093*

P. O. Address *Frankford, I*

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.