

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-006298

STATE FILE NUMBER

FILED FEB 18 1958

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 19

5. 300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Lawrence County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Aurora</u>		c. CITY OR TOWN <u>Marionville</u> <u>2558</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Aurora Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Newton St.</u>	
3. NAME OF DECEASED (Type or print) First <u>Elsie</u> Middle <u>hebecca</u> Last <u>Holder</u>		4. DATE OF DEATH Month <u>Feb.</u> Day <u>11</u> Year <u>1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 12, 1872</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years last birthday) <u>85</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9d. F UNDER 1 YEAR Months <u>3</u> Days
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10d. KIND OF BUSINESS OR INDUSTRY	9e. IF UNDER 24 HRS. Hours <u>0</u> Min.
11. BIRTHPLACE (City and state or country) <u>Lawrence Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Josh Stewart</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Ann Carr</u>	
13c. FATHER'S NAME <u>Josh Stewart</u>		14. NAME OF HUSBAND OR WIFE <u>John Thomas M. Holder</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>		16. SOCIAL SECURITY NO. <u>no</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>		17. INFORMANT Address <u>Lyle Holder, Marionville, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive Heart Failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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 _____ 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.)	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>Aurora, Mo.</u>	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		COUNTY <u>Lawrence</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>1940</u> to <u>2-11-58</u> and last saw her alive on <u>2-11-58</u> Death occurred at <u>11:30 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>A. P. [Signature]</u> (Degree or title)		22b. ADDRESS <u>Aurora, Mo.</u>	
22a. SIGNATURE <u>A. P. [Signature]</u> (Degree or title)		22c. DATE SIGNED <u>2-13-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Feb. 13, 1958</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Maple Park Cemetery</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23d. LOCATION (City, town, or county) <u>Aurora, Mo.</u> (State)	
24. FUNERAL DIRECTOR <u>J. B. Burdige</u> ADDRESS <u>Marionville, Mo.</u>		25. DATE RECD. BY LOCAL REG.	
24. FUNERAL DIRECTOR <u>J. B. Burdige</u> ADDRESS <u>Marionville, Mo.</u>		26. REGISTRAR'S SIGNATURE <u>Ora Mc Nath</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 *William A. Fulkes* .....

Licensed Embalmer No. *4658* .....  
P. O. Address *Marionville* .....

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.