

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-018807

STATE FILE NUMBER

FILED MAY 21 1958

Registration District No. 160 Primary Registration District No. 559 Registrar's No. 69

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jefferson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Joachim Twp.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Crystal City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Jefferson Memorial Hospital</b>			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <b>503 Mississippi Ave.</b>
3. NAME OF DECEASED (Type or print) First <b>Wyman</b> Middle <b>Edward</b> Last <b>Holt</b>			4. DATE OF DEATH Month <b>April</b> Day <b>30</b> Year <b>1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Oct. 5, 1914</b>	9. AGE (In years last birthday) <b>43</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Surveyor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Land Surveying</b>	11. BIRTHPLACE (City and state or country) <b>Festus, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>Edward C. Holt</b>			14. MOTHER'S MAIDEN NAME <b>Edith Frazier</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W. II</b>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Edward C. Holt, 503 Mississippi, Crystal Ci</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					<b>4201</b>
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 WORK <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 <b>4-6-46</b> to <b>4-30-58</b> and last saw <sup>her</sup> him alive on <b>4-30-58</b> Death occurred at <b>8:45 a. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>R. A. D. [Signature] M.D.</b>			22b. ADDRESS <b>112 Mississippi Ave. Crystal City, Mo.</b>		22c. DATE SIGNED <b>5-2-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>May 3, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Charter Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Plattin Gap, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Vinyard Fun'l Homes, Inc., Festus, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>5-6-58</b>		26. REGISTRAR'S SIGNATURE <b>[Signature]</b>

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

896 08 100

DATE RECEIVED

MAY 18 1959

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 *Keith B. Vinson*.....  
Licensed Embalmer No. *49*.....  
P. O. Address *Festus*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.