

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024808

STATE FILE NUMBER

FILED AUG 6 1958

Registration District No.

47

Primary Registration District No.

5167

Registrar's No.

174

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Callaway</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Liberty Township</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Fulton</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>County Rd. Near Hatton nil</b>		Length of stay in 1b <b>nil</b>	d. STREET ADDRESS (If outside, give location) <b>104 E. 4th St.</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Flora June Holmes</b>			4. DATE OF DEATH Month Day Year <b>July 19, 1958</b>
5. SEX <b>Female</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>June 24, 1943</b>
9. AGE (In years at birthday) <b>15</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during past 12 months, even if retired) <b>Student</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>School</b>	11. BIRTHPLACE (City and state or country) <b>Fulton Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Harold Holmes</b>	
13b. MOTHER'S MAIDEN NAME <b>Dorothy Frey</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT <b>Dorothy Holmes</b> Address <b>Fulton Mo.</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>Drowning</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Inst</b>
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 checked="" 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.) <b>Car left road in high water turned into creek</b>		
20c. TIME OF INJURY Hour <b>9 p.m.</b> Month, Day, Year <b>7-19-58</b>	bed - Deceased hand was caught in door		
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, on highway, in bldg., etc.) <b>County road</b>	20f. CITY, TOWN, OR LOCATION <b>Near Hatton</b>	COUNTY <b>Callaway</b> STATE <b>Missouri</b>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>9 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Long A. Steen</i> (Degree or title) <b>Coroner 3</b>		22b. ADDRESS <b>Fulton Missouri</b>	22c. DATE SIGNED <b>7/21/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>7/22/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Callaway Mem Gardens</b>	23d. LOCATION (City, town, or county) (State) <b>Fulton, Missouri.</b>
24. FUNERAL DIRECTOR <i>Maupin</i> ADDRESS <b>Fulton Mo</b>	25. DATE RECD. BY LOCAL REG. <b>Aug. 2-1958</b>	26. REGISTRAR'S SIGNATURE <i>Martha Lawrence</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc.: must use any 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 *F. J. Passon* .....

Licensed Embalmer No. *2555*  
P. O. Address *W. H. ...*

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.